s s	State of Rhode Island and F Office of the Secre		Fee: \$50.00
	Division Of Busin	ess Services	
	148 W. River	Street	
	Providence RI 02		
HOPE	(401) 222-	3040	
_imited Liability Com	npany		
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability co		
o file its annual report with 16-66(b&c)) is subject to a	in thirty (30) days after the time pre	escribed by law (R.I.G.L. 7-	
· · · · ·			
ANNUAL REPORT YEAR:	: <u>2017</u>		
1. ID No. <u>00010383</u>	<u>3</u>		
2. Exact Name of the Li	mited Liability Company Trium	ph Outdoor Holdings, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE II	I	
of business in which your	ed NAICS Code below, select the c entity engages. The box to the righ ction. If the NAICS Code is known, a classification <u>click here.</u>	t of the dropdown will populate a Na	AICS Code
NAICS Code		<u>5418</u>	<u>350</u>
4. Brief Description of th	e Character of the Business Wh	ich is Actually Conducted in Rho	ode Island
5. Principal Office Addre	255		
No. and Street: 5321 C	CORPORATE BOULEVARD		
	N ROUGE	State: <u>LA</u> Zip: <u>70808</u> Co	untry: <u>U</u> SA
·			•
6. Mailing Address of Li	mited Liability Company and Na	me or Title of Contact Person:	
	ARCENEAUX Contact Title: TAX	MANAGER	
	ORPORATE BOULEVARD	•	
City or Town: <u>BATON</u>	<u>I ROUGE</u>	State: <u>LA</u> Zip: <u>70808</u> Co	untry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	f Each Manager of the Limited L RS	iability Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode Country

KEVIN P REILLY JR

5321 CORPORATE BLVD

MANAGER

MANAGER
MANAOLIN

KEITH ISTRE ISTRE

BATON ROUGE, LA 70808 USA

5321 CORPORATE BLVD BATON ROUGE, LA 70808 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CAPITOL CORPORATE SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of August, 2017 at 4:15:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KEITH ISTRE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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