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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No	2. Name of Corporation			
001659003	Modulease Corporation			
3. Street Address Principal Business Office		City	State	Zip
212 Mt. Hope St.		North Attleboro	MA	02760
4. Business Phone No.	5. State of Incorporation			
508-695-4145	MA			

6. Brief Description of the Character of Business Conducted in Rhode Island
mobile and modular building sales and leasing

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7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Linda Prewandowski	212 Mt. Hope St.	North Attleboro	MA	02760

Vice President Name	Street Address	City	State	Zip
Mark A. Gaboury	212 Mt. Hope St.	North Attleboro	MA	02760

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Linda Prewandowski	212 Mt. Hope St.	North Attleboro	MA	02760

Director Name	Street Address	City	State	Zip
Mark A. Gaboury	212 Mt. Hope St.	North Attleboro	MA	02760

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1500	STK	$0.00
THIS SECTIO...		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

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[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 2.15.18

Linda Prewandowski
Print or Type Name

President
Title

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08