



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>000117605</u>		2. Exact name of the Corporation <u>Triumph Modular, Incorporated</u>							
3. Principal Office Address <u>194 Ayer Rd.</u>		City <u>Littleton</u>	State <u>MA</u>						
4. NAICS Code <u>444190</u>		6. Brief description of the character of business conducted in Rhode Island <u>Rental, Lease, Purchase, deliver and install modular buildings, mobile office, and ground level containers.</u>							
5. State of Incorporation <u>MA</u>									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name <u>Cliff Cort</u>		Vice-President Name <u>Glenn Cort</u>							
Street Address <u>12 Silver Hill Rd.</u>		Street Address <u>171 Church St.</u>							
City <u>Lincoln</u>	State <u>MA</u>	City <u>Weston</u>	State <u>MA</u>						
Zip <u>01773</u>		Zip <u>02493</u>							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>C. ASSUMES</th> <th>TAX VALUE</th> </tr> </thead> <tbody> <tr> <td><u>15000</u></td> <td><u>CNP</u></td> <td><u>0</u></td> </tr> </tbody> </table>		NUMBER OF SHARES	C. ASSUMES	TAX VALUE	<u>15000</u>	<u>CNP</u>	<u>0</u>
NUMBER OF SHARES	C. ASSUMES	TAX VALUE							
<u>15000</u>	<u>CNP</u>	<u>0</u>							
Changes require an additional filing.									
11. 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.									
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.									
Name of Authorized Representative <u>Cliff Cort</u>		Date							
Signature of Authorized Representative <u>[Signature]</u>		<div style="text-align: center;"> FILED FEB 01 2019 BY <u>J854Y</u> <u>A.A. 11:37 AM.</u> </div>							

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2019 FEB -1 AM 11:37