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	2. Exact name of the Corporation			
000117605	Triumph Modular, Incorporated			
3. Principal Office Address: 194 Ayer Rd.	City: Littleton	State: MA	Zip: 01460	
4. NAICS Code: 444190	6. Brief description of the character of business conducted in Rhode Island: Rental, Lease, Purchase, deliver and install modular buildings, mobile offices, and ground level containers.			
5. State of Incorporation: MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Cliff Cort			Vice-President Name: Glenn Cort		
Street Address: 12 Silver Hill Rd.			Street Address: 171 Church St.		
City: Lincoln	State: MA	Zip: 01773	City: Weston	State: MA	Zip: 02493
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
15000	CNP	0

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: Cliff Cort	Date:
Signature of Authorized Representative:	

SECRETARY OF STATE **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017