



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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2019 JAN 18 AM 11:25

1. Entity ID Number 000117605		2. Exact name of the Corporation TRIUMPH MODULAR, INCORPORATED			
3. Principal Office Address 194 AYER ROAD		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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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
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. Changes require an additional filing.		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 					

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BY **J854Y**

A.A. 11:36 A.M.