



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 JUN 7 10 11 15

1. Entity ID Number 01696786		2. Exact name of the Corporation Mammoet Northern USA, Inc.			
3. Principal Office Address 509 Heron Drive		City Swedesboro		State NJ	Zip 08085
4. NAICS Code 488999		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION AND WAREHOUSE			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name McClure, Brian			Vice-President Name		
Street Address 509 Heron Drive			Street Address		
City Swedesboro	State NJ	Zip 08085	City	State	Zip
Secretary Name MacGillivray, Matt			Treasurer Name McClure, Brian		
Street Address 509 Heron Drive			Street Address 509 Heron Drive		
City Swedesboro	State NJ	Zip 08085	City Swedesboro	State NJ	Zip 08085
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Kuipers, Martijn			Director Name van der Pol, Jacco		
Street Address 509 Heron Drive			Street Address 509 Heron Drive		
City Swedesboro	State	Zip 08085	City Swedesboro	State NJ	Zip 08085
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		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			C. ASS/SERIALS		
			100	Common	\$0.01
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 Jacco van der Pol					Date 06/27/2022
Signature of Authorized Representative					

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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BY ML QDYJF