



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED  
DEPT. OF STATE

2023 JUN - 1 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) <span style="float: right;">Check the box to indicate an attachment</span>					
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) <span style="float: right;">Check the box to indicate an attachment</span>					
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 <span style="float: right;">Check the box to indicate an attachment</span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$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. <b>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.</b>					
Name of Authorized Representative Jacco van der Pol					Date 06/27/2022
Signature of Authorized Representative 					

FILED

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BY ML QDVJF

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