

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000005545

**Entity Name:** TRINCROFT, INC.

**Current Principal Place of Business:**

65 TRINCROFT RD.  
MEDFORD, MA 02155

**Current Mailing Address:**

PO BOX 497  
LONDONBERRY, NH 03053-0497 US

**FEI Number:** 04-3432345

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST., SUITE 4  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DVP  
Name            BALLARD, MICHAEL  
Address        3011 HAGEMAN CT  
City-State-Zip: LEBANON OH 45036

Title            DP  
Name            TRINGALE, MICHAEL  
Address        65 TRINCROFT RD.  
City-State-Zip: MEDFORD MA 02155

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL BALLARD

**MANAGING PARTNER**

**03/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date