



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
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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1. Entity ID Number 158795		2. Exact name of the Corporation Transition Solutions, Inc.			
3. Principal Office Address 640 George Washington Highway, Bldg. A, Ste. 201			City Lincoln	State RI	Zip 02865
4. NAICS Code 54 - Professional, Scientific, <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Placement Services			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fred Studley			Vice-President Name Same		
Street Address 160 Otis Street			Street Address		
City Hingham	State MA	Zip 02042	City	State	Zip
Secretary Name Same			Treasurer Name Same		
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 Fred Studley			Director Name		
Street Address 160 Otis Street			Street Address		
City Hingham	State MA	Zip 02042	City	State	Zip
Director Name Sandy Studley			Director Name		
Street Address 160 Otis Street			Street Address		
City Hingham	State MA	Zip 02042	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE No par value
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 Fred M Studley			Date 3/3/17		
Signature of Authorized Representative <i>Fred M Studley</i>			MAR 9 2017		

MAIL TO:
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