



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.

**FILED**

**STAMP**

MAR 02 2018

FOR

BY

*1696 ed*

1 Entity ID Number <b>505979</b>		2 Exact name of the Corporation <b>Transfusion Sailing, Inc.</b>			
3. Principal Office Address <b>38 Bellevue Avenue, Suite H</b>			City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>488330</b>		6 Brief description of the character of business conducted in Rhode Island <b>Purchase and operation of sailing and motor vessels of all types</b>			
5 State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Susan K. Wilmot</b>			Vice-President Name		
Street Address <b>38 Bellevue Avenue, Suite H</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>Steven M. McInnis</b>			Treasurer Name <b>Susan K. Wilmot</b>		
Street Address <b>38 Bellevue Avenue, Suite H</b>			Street Address <b>38 Bellevue Avenue, Suite H</b>		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Susan K. Wilmot</b>			Director Name		
Street Address <b>38 Bellevue Avenue, Suite H</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					\$ .01 Par
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 <b>Steven M. McInnis</b>					Date <b>2/20/18</b>
Signature of Authorized Representative <i>Steven M. McInnis</i>					SIGN DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov