

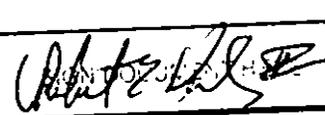


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 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
 FEB 03 2020
 BY 2806

1. Entity ID Number 000564701		2. Exact name of the Corporation TRANSFUSION BOAT WORKS, INC.			
3. Principal Office Address 67B Tom Harvey Road			City Westerly	State RI	Zip 02891
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island Shipwright			
5. State of Incorporation Rhode Island		Check the box to indicate an attachment <input type="checkbox"/>			
7. List ALL officers (names and addresses)					
President Name Robert E. Darling, III			Vice-President Name Robert E. Darling, III		
Street Address 67B Tom Harvey Road			Street Address 67B Tom Harvey Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Robert E. Darling, III			Treasurer Name Robert E. Darling, III		
Street Address 67B Tom Harvey Road			Street Address 67B Tom Harvey Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name Robert E. Darling, III			Director Name		
Street Address 67B Tom Harvey Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	None	
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. <i>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.</i>					
Name of Authorized Representative Robert E. Darling, III, President				Date 12.27.19	
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