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**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 158795		2. Exact name of the Corporation TRANSITION SOLUTIONS, INC.			
3. Principal office address 640 GEORGE WASHINGTON HWY, BLDG A, STE 201		City LINCOLN		State RI	Zip 02865
4. Business Phone No. 401-305-6775		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island PLACEMENT SERVICES 485210					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR 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) ("X" BOX FOR 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	NO PAR VALUE

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative