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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. <b>158795</b>		2. Exact name of the Corporation <b>TRANSITION SOLUTIONS, INC.</b>		
3. Principal office address <b>640 GEORGE WASHINGTON HWY, BLDG A, STE 201</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>401-305-6775</b>		5. State of Incorporation <b>MASSACHUSETTS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>PLACEMENT SERVICES</b> <i>485210</i>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>FRED STUDLEY</b>		Vice-President Name <b>SAME</b>		
Street Address <b>160 OTIS STREET</b>		Street Address		
City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02042</b>	City	State Zip
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>		
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 <b>FRED STUDLEY</b>		Director Name		
Street Address <b>160 OTIS STREET</b>		Street Address		
City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02042</b>	City	State Zip
Director Name <b>SANDY STUDLEY</b>		Director Name		
Street Address <b>160 OTIS STREET</b>		Street Address		
City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02042</b>	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: \_\_\_\_\_

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.

*Fred M Studley*  
Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_  
*Fred M Studley*  
Print or Type Name of Authorized Representative