



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
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**

MAY 27 2020

15725

1. Entity ID Number <b>000063832</b>		2. Exact name of the Corporation <b>A. Transue Corporation</b>												
3. Principal Office Address <b>P.O. Box 1558</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>									
4. NAICS Code <b>238990</b>		6. Brief description of the character of business conducted in Rhode Island <b>excavating and general construction work</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>Bain R. Transue</b>			Vice-President Name <b>Bain R. Transue</b>											
Street Address <b>P.O. Box 1558</b>			Street Address <b>P.O. Box 1558</b>											
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>									
Secretary Name <b>Bain R. Transue</b>			Treasurer Name <b>Bain R. Transue</b>											
Street Address <b>P.O. Box 1558</b>			Street Address <b>P.O. Box 1558</b>											
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</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			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	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.														
<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>Bain R. Transue</b>				Date <b>May 21</b> , 2020										
Signature of Authorized Representative <i>Bain R. Transue</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