



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 000063832		2. Exact name of the Corporation A. Transue Corporation												
3. Principal Office Address P.O. Box 1558			City Block Island	State RI	Zip 02807									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island excavating and general construction work												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Bain R. Transue			Vice-President Name Bain R. Transue											
Street Address P.O. Box 1558			Street Address P.O. Box 1558											
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807									
Secretary Name Bain R. Transue			Treasurer Name Bain R. Transue											
Street Address P.O. Box 1558			Street Address P.O. Box 1558											
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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.			10. Shares Issued Check the box to indicate an attachment ☐											
Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">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.														
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.														
Name of Authorized Representative Bain R. Transue				Date May 21 , 2020										
Signature of Authorized Representative 				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