



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 08 2023

BY 162023

1. Entity ID Number 63832		2. Exact name of the Corporation A. Transue Corporation			
3. Principal Office Address PO 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bain R. Transue			Vice-President Name Bain R. Transue		
Street Address PO Box 1558			Street Address PO 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 PO Box 1558			Street Address PO Box 1558		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Bain R. Transue			Director Name None		
Street Address PO Box 1558			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	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 Bain R. Transue				Date 3-6-23, 2023	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021