



**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** 2023

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) 852-1100</b>			5. State of Incorporation <b>MASSACHUSETTS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>PLACEMENT SERVICES</b>					
7. LIST <u>ALL</u> 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 <u>ALL</u> 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 a duly 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: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

**MAR 16 2023**

BY 8391

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

FRED STUDLEY  
 Print or Type Name of Authorized Representative