



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000564701		2. Exact name of the Corporation TRANSFUSION BOAT WORKS INC			
3. Principal Office Address 67B TOM HARVEY ROAD			City WESTERLY	State RI	Zip 02891
4. NAICS Code 336611		6. Brief description of the character of business conducted in Rhode Island SHIPWRIGHT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT DARLING III			Vice-President Name ROBERT DARLING III		
Street Address 87B TOM HARVEY ROAD			Street Address 87B TOM HARVEY ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name ROBERT DARLING III			Treasurer Name ROBERT DARLING III		
Street Address 87B TOM HARVEY ROAD			Street Address 87B TOM HARVEY ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	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 ROBERT DARLING III				Date <input checked="" type="checkbox"/> 3.26.24	
Signature of Authorized Representative <i>Robert Darling III</i>					

MAIL TO:
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148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov