



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

REC'D RI SOS BSD
JAN 30 PM 12:11:00

1. Entity ID Number 000506358		2. Exact name of the Corporation TRANS PAR GROUP, INC.					
3. Principal Office Address 3349 Hwy. 138, Bldg A Ste C				City Wall		State NJ	Zip 07719
4. NAICS Code 485410		6. Brief description of the character of business conducted in Rhode Island Transportation Planning, Management, and Consulting Services					
5. State of Incorporation Kansas							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>							
President Name Gene Kowalczewski				Vice-President Name Paula Altieri			
Street Address 3349 Hwy. 138, Bldg A Ste C				Street Address 3349 Hwy. 138, Bldg A Ste C			
City Wall		State NJ		Zip 07719		City Wall	
State NJ		Zip 07719		State NJ		Zip 07719	
Secretary Name David Frenzia				Treasurer Name			
Street Address 3349 Hwy. 138, Bldg A Ste C				Street Address			
City Wall		State NJ		Zip 07719		City	
State NJ		Zip 07719		State		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Gene Kowalczewski				Director Name			
Street Address 3349 Hwy. 138, Bldg A Ste C				Street Address			
City Wall		State NJ		Zip 07719		City	
State NJ		Zip 07719		State		Zip	
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip		City	
State		Zip		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
				5000		CWP	1.00
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. FILED							
Name of Authorized Representative Gene Kowalczewski						Date 1/27/2025	
Signature of Authorized Representative 						Date JAN 30 2025 BY	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

Attachment to Annual Report TRANS PAR GROUP, INC.

Additional Officers:

Douglas Martin, Vice President 3349 Hwy. 138, Bldg A Ste C, Wall, NJ 07719

Thomas Yessman, Vice President 3349 Hwy. 138, Bldg A Ste C, Wall, NJ 07719