



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

Annual Report for the year: 2024  
Corporation

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SECRETARY OF STATE  
CORPORATIONS DIV

2024 JUN -6 PM 2:28

- 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 001658865		2. Exact name of the Corporation TRANSOM, INC.			
3. Principal Office Address 53 WARREN STREET			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island WOOD WORKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name SAMUEL DUKET			Vice-President Name SAMUEL DUKET		
Street Address 53 WARREN STREET			Street Address 53 WARREN STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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	
		100	STK	0.01	
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 SAMUEL DUKET				Date 06/04/24	
Signature of Authorized Representative 				<b>FILED</b>	

JUN 06 2024  
BY: JIMMY  
AA. 2:30 PM

MAIL TO:  
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