RI SOS Filing Number: 202455458490 Date: 6/6/2024 2:30:00 PM

No. of the last

State of Rhode Island

Department of State - Business Services Division

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2024 JUN-6 PM 2: 27

Annual Report for the year:	2023
Corporation	7.07.3

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty. Additional \$2								
1. Entity ID Number		2. Exact name of the Corporation						
001658865	TRANSOM,	TRANSOM, INC.						
3. Principal Office Address				ity		Zip		
53 WARREN STREET			PROVIDE	ENCE	l _R I	02907		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
	WOOD WOL	•						
238990						•		
5. State of Incorporation								
RI								
7. List ALL officers (names a	and addresses)				eck the box to indica	te an attachment		
President Name				Vice-President Name				
SAMUEL DUKET			SAMUEL	SAMUEL DUKET				
Street Address			Street Addr	Street Address				
53 WARREN STREET			53 WAR	53 WARREN STREET				
City	State	Zip	City		State	Zıp		
PROVIDENCE	RI	02907	1 ′	PROVIDENCE		02907		
Secretary Name	1.,-	10690.		PROVIDENCE RI 02907 Treasurer Name				
N/A			N/A	Torris				
N/A Street Address		<u> </u>		Street Address				
Street Address			Olicei Muo.	Siled Address				
City	State	Zip	City		State	Zıp		
ŕ								
8. List ALL directors (names	s and addresses)			Chi	eck the box to indica	te an attachment		
Director Name			Director Na			· ·		
N/A			N/A	N/A				
Street Address				Street Address				
City	State	Zip	City	City		Zıp		
Director Name			Director Na	ame				
N/A			N/A					
Street Address	 			Street Address				
alleer Molega			000	5.00.700.000				
City	State	Zip	City		State	Zip		
	<u> </u>	l	l					
9. Shares Authorized	•	10. Shares	Issued	Cr	neck the box to indicate	ate an attachment 🔲		
This information is currently	of record in the		FR OF SHARES		CLASS/SERIES	PAR VALUE		
Department of State.								
		ļ	100	STK		0.01		
Changes require an additiona	al filing.							
11. This report must be exec	souted an habalf of th	no porceration by	on authorized rer	propontative if	the corporation is in	the hands of a re-		
ceiver or trustee, this report						the hands of a re-		
Under penalty of perjury,	I declare and affirm	n that I have exam	mined this repor			chedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
<u> </u>					06/04			
SAMUEL DUKEE					06/04	/24		
Signature of Authorized Rep	presentative			EN ED				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630- Revised 12/2023