# AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

**E-FILED**
Mar 31, 2025
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

9311713

**REGISTRATION DATE**

05/17/1971

**BUSINESS NAME**

TRANSITION PROJECTS, INC.

**BUSINESS ACTIVITY**

THE CORPORATION IS A PUBLIC BENEFIT CORPORATION. THE CORPORATION'S CHARITABLE PURPOSE IS TO PROVIDE INDIVIDUALS WITH THE SERVICES, RESOURCES AND TOOLS THEY NEED TO END THEIR HOMELESSNESS, SECURE HOUSING AND MAINTAIN THAT HOUSING.

**MAILING ADDRESS**

665 NW HOYT ST
PORTLAND OR 97209 USA

**TYPE**

DOMESTIC NONPROFIT CORPORATION

**PRIMARY PLACE OF BUSINESS**

665 NW HOYT ST
PORTLAND OR 97209 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

CHIP BURCZAK
665 NW HOYT ST
PORTLAND OR 97209 USA
If the Registered Agent has changed, the new agent has consented to the appointment.

**PRESIDENT**

KIRK DOBBINS
665 NW HOYT ST
PORTLAND OR 97209 USA

**SECRETARY**

RICO BOCALA
665 NW HOYT ST
PORTLAND OR 97209 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

CHIP BURCZAK

**TITLE**

CFO

**DATE**

03-31-2025