



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 47706		2. Exact name of the Corporation STS, Inc.			
3. Principal office address 106 Coweset Green Drive			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 884-3388			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Temporary Engineering and Design Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard J. Barry, III			Vice-President Name Jeffrey J. Casey		
Street Address 106 Coweset Green Drive			Street Address 17 Orchard Lane		
City Warwick	State RI	Zip 02886	City Duxbury	State MA	Zip 02332
Secretary Name Sandra Matrone Mack			Treasurer Name Richard J. Barry, III		
Street Address 301 Promenade Street			Street Address 106 Coweset Green Drive		
City Providence	State RI	Zip 02908	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Richard J. Barry, III			Director Name Jeffrey J. Casey		
Street Address 106 Coweset Green Drive			Street Address 17 Orchard Lane		
City Warwick	State RI	Zip 02886	City Duxbury	State MA	Zip 02332
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			800	Common	No Par

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

File Date _____
 Check No _____
 By: _____

FILED

FOR SECRETARY OF STATE USE ONLY **FEB 27 2014**

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.

Sandra Matrone Mack 2/26/14
 Signature of Authorized Representative _____ Date _____

Sandra Matrone Mack
 Print or Type Name of Authorized Representative

By 49-218562
A.A.