



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 128199		2. Exact name of the Corporation TRUEPOSITION, INC.			
3. Principal Office Address 1000 CHESTERBROOK BLVD			City BERWYN	State PA	Zip 19312
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island SALE AND INSTALLATION OF HARDWARE AND SOFTWARE SYSTEMS THAT DETERMINE LOCATION OF WIRELESS DEVICES				
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CRAIG WAGGY			Vice-President Name TY KEARNS		
Street Address 1000 CHESTERBROOK BLVD			Street Address 12300 LIBERTY BLVD		
City BERWYN	State PA	Zip 19312	City ENGLEWOOD	State CO	Zip 80112
Secretary Name RODMAN FORTER			Treasurer Name MICHAEL HOPPMAN		
Street Address 1000 CHESTERBROOK BLVD			Street Address 1000 CHESTERBROOK BLVD		
City BERWYN	State PA	Zip 19312	City BERWYN	State PA	Zip 19312
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CRAIG WAGGY			Director Name MARTY PATTERSON		
Street Address 1000 CHESTERBROOK BLVD			Street Address 12300 LIBERTY BLVD		
City BERWYN	State PA	Zip 19312	City ENGLEWOOD	State CO	Zip 80112
Director Name TIM LENNEMAN			Director Name RACHEL THORNTON		
Street Address 12300 LIBERTY BLVD			Street Address 12300 LIBERTY BLVD		
City ENGLEWOOD	State CO	Zip 80112	City ENGLEWOOD	State CO	Zip 80112
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	COMMON	.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. 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.					
Name of Authorized Representative TY KEARNS				Date 2/13/17	
Signature of Authorized Representative 					

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

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