



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 001336901

2. Exact Name of the Limited Liability Company TRC PROJECT SERVICES, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541690

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROJECT MANAGEMENT SERVICES, SURVEY AND RIGHT OF WAY SERVICES.

5. Principal Office Address

No. and Street: 2087 EAST 71ST STREET

City or Town: TULSA

State: OK

Zip: 74136

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 10 MAXWELL DRIVE

SUITE 200

City or Town: CLIFTON PARK

State: NY

Zip: 12065

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CHRISTOPHER P VINCZE	650 SUFFOLK STREET LOWELL, MA 01854 USA

MANAGER	EDWARD J WIEGELE	2087 EAST 71ST STREET TULSA, OK 74136 USA
MANAGER	MARTIN H DODD	21 GRIFFIN ROAD NORTH WINDSOR, CT 06095 USA
MANAGER	JASON S GREENLAW	21 GRIFFIN ROAD NORTH WINDSOR, CT 06095 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of October, 2017 at 1:03:20 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARTIN H DODD
Signature of Authorized Person

Form No. 632
Revised 09/07

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