



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 1400 LIBERTY RIDGE DRIVE SUITE 102 | | | City WAYNE | State PA | Zip 19087 | | | | | | | | | |
| 4. NAICS Code 81 2990 | | 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 1400 LIBERTY RIDGE DRIVE SUITE 102 | | | Street Address 12300 LIBERTY BLVD | | | | | | | | | | | |
| City WAYNE | State PA | Zip 19087 | City ENGLEWOOD | State CO | Zip 80112 | | | | | | | | | |
| Secretary Name RODMAN FORTER | | | Treasurer Name MICHAEL HOPPMAN | | | | | | | | | | | |
| Street Address 1400 LIBERTY RIDGE DRIVE SUITE 102 | | | Street Address 1400 LIBERTY RIDGE DRIVE SUITE 102 | | | | | | | | | | | |
| City WAYNE | State PA | Zip 19087 | City WAYNE | State PA | Zip 19087 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name CRAIG WAGGY | | | Director Name TIM LENNEMAN | | | | | | | | | | | |
| Street Address 1400 LIBERTY RIDGE DRIVE SUITE 102 | | | Street Address 12300 LIBERTY BLVD | | | | | | | | | | | |
| City WAYNE | State PA | Zip 19087 | City ENGLEWOOD | State CO | Zip 80112 | | | | | | | | | |
| Director Name MARTY PATTERSON | | | 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 | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 1 | COMMON | .01 | | | |
| | | | 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. <i>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.</i> | | | Date 2/12/18 | | | | | | | | | | | |
| Name of Authorized Representative TY KEARNS | | | | Date 2/12/18 | | | | | | | | | | |
| Signature of Authorized Representative | | | SIGN DOCUMENT HERE | | | | | | | | | | | |

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

FILED

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FORM 630 - Revised: 10/2017

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