



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

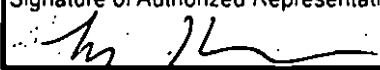
Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

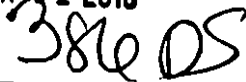
1. Entity ID Number 128199		2. Exact name of the Corporation TRUEPOSITION, INC.			
3. Principal Office Address 1400 LIBERTY RIDGE DRIVE SUITE 102		City WAYNE	State PA	Zip 19087	
4. NAICS Code 81 2990	6. Brief description of the character of business conducted in Rhode Island SALE AND INSTALLATION OF 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 ☐					
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 ☐					
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 ☐
This information is currently of record in the Department of State. Changes require an additional filing.		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 2/12/18
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

MAR 01 2018

BY



FORM 630 - Revised: 10/2017