



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.

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 BUS SVCS DIV

2019 JUL -5 AM 11:22

1. Entity ID Number 74624		2. Exact name of the Corporation SOUZA, TRUE AND PARTNERS, INC.	
3. Principal Office Address 265 WINTER STREET, THIRD FLOOR		City WALTHAM	State MA
		Zip 02451	
4. Business Phone Number (617) 926-6100		5. State of Incorporation MA (541330)	
6. Brief description of the character of business conducted in Rhode Island ENGINEERING SERVICES			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name TERRY A. LOUDERBACK		Vice-President Name JEROME A. YURKOSKI	
Street Address 137 ELGIN ST		Street Address 17 COLBURN AVE	
City NEWTON CENTRE	State MA	City LITTLETON	State MA
Zip 02458		Zip 01460	
Secretary Name		Treasurer Name JEROME A. YURKOSKI	
Street Address		Street Address 17 COLBURN AVE	
City	State	City LITTLETON	State MA
Zip		Zip 01460	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name TERRY A. LOUDERBACK		Director Name JEROME A. YURKOSKI	
Street Address 137 ELGIN ST		Street Address 17 COLBURN AVE	
City NEWTON CENTRE	State MA	City LITTLETON	State MA
Zip 02458		Zip 01460	
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.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		4,892	
		Common	
		\$1.00	
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>			
Name of Authorized Representative LISA BOHLIN			Date 7/2/19
Signature of Authorized Representative <i>Lisa A Bohlin</i> 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

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