



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED DEPT. OF STATE BUS SVCS DIV. RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV.

Annual Report for the year: 2012

2019 JUL -5 AM 11:22

2017 JAN 17 PM 2:48

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 <b>74624</b>		2. Exact name of the Corporation <b>SOUZA, TRUE AND PARTNERS, INC.</b>			
3. Principal Office Address <b>265 WINTER STREET, THIRD FLOOR</b>			City <b>WALTHAM</b>	State <b>MA</b>	Zip <b>02451</b>
4. Business Phone Number <b>(617) 926-6100</b>			5. State of Incorporation <b>MA</b> <b>(541330)</b>		
6. Brief description of the character of business conducted in Rhode Island <b>ENGINEERING SERVICES</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>TERRY A. LOUDERBACK</b>			Vice-President Name <b>JEROME A. YURKOSKI</b>		
Street Address <b>137 ELGIN ST</b>			Street Address <b>17 COLBURN AVE</b>		
City <b>NEWTON CENTRE</b>	State <b>MA</b>	Zip <b>02458</b>	City <b>LITTLETON</b>	State <b>MA</b>	Zip <b>01460</b>
Secretary Name			Treasurer Name <b>JEROME A. YURKOSKI</b>		
Street Address			Street Address <b>17 COLBURN AVE</b>		
City	State	Zip	City <b>LITTLETON</b>	State <b>MA</b>	Zip <b>01460</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>TERRY A. LOUDERBACK</b>			Director Name <b>JEROME A. YURKOSKI</b>		
Street Address <b>137 ELGIN ST</b>			Street Address <b>17 COLBURN AVE</b>		
City <b>NEWTON CENTRE</b>	State <b>MA</b>	Zip <b>02458</b>	City <b>LITTLETON</b>	State <b>MA</b>	Zip <b>01460</b>
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>4,566</b>		<b>Common</b>	<b>\$1.00</b>
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 <b>LISA BOHLIN</b>					Date <b>1/2/17</b>
Signature of Authorized Representative <i>Lisa Bohlin</i> SIGN DOCUMENT HERE					

FILED

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