



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

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Annual Report for the year: 2011
 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 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	Zip 02458	City LITTLETON	State MA	Zip 01460
Secretary Name			Treasurer Name JEROME A. YURKOSKI		
Street Address			Street Address 17 COLBURN AVE		
City	State	Zip	City LITTLETON	State MA	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	Zip 02458	City LITTLETON	State MA	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	
		4,110	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 1/12/17	
Signature of Authorized Representative 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