State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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**Annual Report for the year:** 2010

**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 | 2. Exact name of the Corporation |
|---|---|
| 74624 | SOUZA, TRUE AND PARTNERS, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 265 WINTER STREET, THIRD FLOOR | WALTHAM | MA | 02451 |

| 4. Business Phone Number | 5. State of Incorporation |
|---|---|
| (617) 926-6100 | 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 ☐

| President Name | Vice-President Name |
|---|---|
| TERRY A. LOUDERBACK | 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 ☐

| Director Name | Director Name |
|---|---|
| TERRY A. LOUDERBACK | 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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

| 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.

*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 | Date |
|---|---|
| LISA BOHLIN | 1/12/17 |

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JUL 05 2019
KL SQSAN
11:24

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