



**STATE OF RHODE ISLAND JUDICIARY**  
**SUPERIOR COURT**  
**SUMMONS**

	<b>Civil Action File Number</b> PC-2024-04526
<b>Plaintiff</b> State of Rhode Island v. AECOM Technical Services, Inc. et al. <b>Defendant</b>	<b>Attorney for the Plaintiff or the Plaintiff</b> Max Wistow <b>Address of the Plaintiff's Attorney or the Plaintiff</b> WISTOW SHEEHAN & LOVELEY 127 DORRANCE STREET PROVIDENCE RI 02903
Licht Judicial Complex Providence/Bristol County 250 Benefit Street Providence RI 02903 (401) 222-3250	<b>Address of the Defendant</b> c/o CT Corporation System 450 Memorial Parkway, Suite 7A East Providence RI 02914

**TO THE DEFENDANT, AECOM Technical Services, Inc.:**

The above-named Plaintiff has brought an action against you in said Superior Court in the county indicated above. You are hereby summoned and required to serve upon the Plaintiff's attorney, whose address is listed above, an answer to the complaint which is herewith served upon you within twenty (20) days after service of this Summons upon you, exclusive of the day of service.

If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Your answer must also be filed with the court.

As provided in Rule 13(a) of the Superior Court Rules of Civil Procedure, unless the relief demanded in the complaint is for damage arising out of your ownership, maintenance, operation, or control of a motor vehicle, or unless otherwise provided in Rule 13(a), your answer must state as a counterclaim any related claim which you may have against the Plaintiff, or you will thereafter be barred from making such claim in any other action.

This Summons was generated on 8/16/2024.	/s/ Stephen Burke Clerk
--	----------------------------

Witness the seal/watermark of the Superior Court



## STATE OF RHODE ISLAND JUDICIARY SUPERIOR COURT

<b>Plaintiff</b> State of Rhode Island v. AECOM Technical Services, Inc. et al. <b>Defendant</b>	<b>Civil Action File Number</b> PC-2024-04526
--	--

### PROOF OF SERVICE

I hereby certify that on the date below I served a copy of this Summons, complaint, Language Assistance Notice, and all other required documents received herewith upon the Defendant, AECOM Technical Services, Inc., by delivering or leaving said papers in the following manner: **Also served herewith, Case Summary as of 8/19/2024**

- With the Defendant personally.
- At the Defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person of suitable age and discretion \_\_\_\_\_

Address of dwelling house or usual place of abode \_\_\_\_\_

Age \_\_\_\_\_

Relationship to the Defendant \_\_\_\_\_

- With an agent authorized by appointment or by law to receive service of process.  
Name of authorized agent CT Corporation System (CT Job # 510335)  
If the agent is one designated by statute to receive service, further notice as required by statute was given as noted below.

- With a guardian or conservator of the Defendant.  
Name of person and designation \_\_\_\_\_

- By delivering said papers to the attorney general or an assistant attorney general if serving the state.

- Upon a public corporation, body, or authority by delivering said papers to any officer, director, or manager.  
Name of person and designation \_\_\_\_\_



## STATE OF RHODE ISLAND JUDICIARY

### SUPERIOR COURT

Upon a private corporation, domestic or foreign:

By delivering said papers to an officer or a managing or general agent.

Name of person and designation \_\_\_\_\_

By leaving said papers at the office of the corporation with a person employed therein.

Name of person and designation \_\_\_\_\_

By delivering said papers to an agent authorized by appointment or by law to receive service of process.

Name of authorized agent \_\_\_\_\_

If the agent is one designated by statute to receive service, further notice as required by statute was given as noted below.

\_\_\_\_\_

I was unable to make service after the following reasonable attempts: \_\_\_\_\_

\_\_\_\_\_

SERVICE DATE: <u>8 / 20 / 24</u> <u>2:54 pm</u> Month Day Year	SERVICE FEE \$ <u>55.00</u>
---	-----------------------------

Signature of SHERIFF or DEPUTY SHERIFF or CONSTABLE \_\_\_\_\_ Kenneth R. Norigian  
Rt Constable # 6091

SIGNATURE OF PERSON OTHER THAN A SHERIFF or DEPUTY SHERIFF or CONSTABLE MUST BE NOTARIZED.

Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_  personally known to the notary

or  proved to the notary through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person who signed above in my presence,

and who swore or affirmed to the notary that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary identification number: \_\_\_\_\_

