State of Rhode Island and Providence Plantations Fee: Office of the Secretary of State							
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040							
Foreign Business Corpor	ation						
Annual Report							
Filing Period: January 1 - March 1							
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee	vs after the time prescribed by I						
ANNUAL REPORT YEAR: 2017	2						
1. Corporate ID No. 00015	56680						
2. Name of Corporation Shremshock Engineering, Inc.							
3. Street Address Principal Bu	siness Office:						
No. and Street: <u>7400 W. C</u> SUITE 15	<u>CAMPUS RD.</u> 0						
City or Town: <u>NEW ALI</u>		<u>OH</u> Zip: <u>43054</u>	Country: <u>USA</u>				
4. Business Phone No.							
<u>614-545-4550</u>							
5. State of Incorporation							
State: <u>OH</u>							
	ARTICLE III						
Using the following NAICS code:	s, please select the code that b	est describes your busin	IESS.				
NAICS Code		6	<u>54</u>				
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island					
MECHANICAL AND ELECT	TRICAL ENGINEERING						
7. Names and Addresses of the	e Officers and Directors:						
All officers and directors m	All officers and directors must be listed.						
Title	Individual Name	Addro	ess				
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country				
PRESIDENT	GERALD S SHREMSHOCK	7400 W. CAMP NEW ALBANY, O	US RD. SUITE 150 H 43054 USA				

TREASURER	GERALD S SHREMSHOCK	7400 W. CAMPUS RD. SUITE 150 NEW ALBANY, OH 43054 USA
SECRETARY	TIMOTHY J SHREMSHOCK	7400 W. CAMPUS RD. SUITE 150 NEW ALBANY, OH 43054 USA
VICE PRESIDENT	REECE A PRATHER	7400 W. CAMPUS RD. SUITE 150 NEW ALBANY, OH 43054 USA
DIRECTOR	GERALD S SHREMSHOCK	7400 W. CAMPUS RD. SUITE 150 NEW ALBANY, OH 43054 USA
DIRECTOR	TIMOTHY J SHREMSHOCK	7400 W. CAMPUS RD. SUITE 150 NEW ALBANY, OH 43054 USA
DIRECTOR	REECE A PRATHER	7400 W. CAMPUS RD. SUITE 150 NEW ALBANY, OH 43054 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	1,500.00	100

9. 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.

Signed this 23 Day of February, 2017 at 1:58:47 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By <u>REECE A. PRATHER</u>

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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