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State of Rhode Island and Providence Plantations Department of State - Business Services Division					R.I. BURE	
Annual Report for the Corporation	year: <u>'18</u> /	Amended	_		OV 23	
→ Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0	•	t filed by April 1.			AM II	
1. Entity ID Number		e of the Corporatio	n			
001670737	A2H, Inc.				٩	
3. Principal Office Address				State	Zip	
3009 Davies Plantation Road			Lakeland	TN	38002	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island				
541330	Professional	Professional Engineering Services				
5. State of Incorporation						
Tennessee						
7. List ALL officers (names and	l addresses)		· · ·	Check the box to i	ndicate an attachment	
President Name Logan E. Meeks		•=•	Vice-President Name S	Vice-President Name S. Patrick Harcourt, P.E. (CEO)		
Street Address 3009 Davies Plantation Road			Street Address 3009 Davies Plantation Road			
City Lakeland	State TN	^{Zıp} 38002	City Lakeland	State TN	Zip 38002	
Secretary Name Mark W. Askew, Sr., P.E.			Treasurer Name			
Street Address 3009 Davies Plantation Road			Street Address			
City Lakeland	State TN	^{Zip} 38002	City	State	Zip	
8. List ALL directors (names ar	nd addresses)	1	l	Check the box to i	Indicate an attachment	
Director Name David M. Smith, PhD, P.E.			Director Name Ryan D. McDaniel, P.E.			
Street Address 3009 Davies Plantation Road			Street Address 3009 Davies Plantation Road			
City Lakeland	State TN	^{Zip} 38002	City Lakeland	State TN	Zip 38002	
Director Name - Stewart A. Smith	, AIA			Director Name Logan E. Meeks, S. Patrick Harcourt, Mark W. Askew		
Street Address 3009 Davies Plantation Road			Street Address 3009 Davies Plantation Road			
City Lakeland	State TN	^{Zip} 38002	City Lakeland	State TN	Zip 38002	
9. Shares Authorized		10. Shares Iss		Check the box to i	ndicate an attachment	
This information is currently of r	record in the	NUMBER O		CLASS/SERIES	PAR VALUE	
Department of State. Changes require an additional filing.		1000	A		1.00	
11. This report must be execute				. If the corporation is in	the hands of a receiver or	
trustee, this report must be exe Under penalty of perjury, I de				a any accompanying s	chedules and	
statements, and that all state	ements contained					
Name of Authorized Representative Date Logan E. Meeks, P.E. 11', 49 AM 1/1/5/1/8						
Signature of Authorized Repres	sentative		FILED		2(10	
Par.	\sim					
MAIL TO:			NOV 2 3 201	8		
Division of Business Services 148 W. River Street, Providence, R	hode Island 02904-26	515	\Z h I			
Phone: (401) 222-3040 Website: www.sos.ri.gov		1	SY CM	F	ORM 630 - Revised: 10/2017	



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

November 23, 2018 11:49 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

