



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000509728

2. Name of Corporation S.M. HAW Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 2285 EAST ENTERPRISE PARKWAY

City or Town: TWINSBURG

State: OH Zip: 44087-2337 Country: USA

4. Business Phone No.

3304054480

5. State of Incorporation

State: OH

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541330

6. Brief Description of the Character of Business Conducted in Rhode Island

ENGINEERING, CIVIL

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL D HAW	7974 PRINCEWOOD DR HUDSON, OH 44236 USA
TREASURER	DAVID A HAW	7093 LONGVIEW DRIVE

		SOLON, OH 44139 USA
SECRETARY	DAVID K CREMERS	350 KENRIDGE RD. FAIRLAWN, OH 44333 USA
VICE PRESIDENT	DAVID A. HAW	7093 LONGVIEW DRIVE SOLON, OH 44139 USA
DIRECTOR	MICHAEL D HAW	7974 PRINCEWOOD DR HUDSON, OH 44236 USA
DIRECTOR	DAVID A HAW	7093 LONGVIEW DRIVE SOLON, OH 44139 USA
DIRECTOR	DAVID K CREMERS	350 KENRIDGE RD. FAIRLAWN, OH 44333 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	500.00	98

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 26 Day of February, 2021 at 6:34:54 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 MICHAEL D. HAW
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved