State of Rhode Island Department of State - Business Services Division								
Annual Report for the year: 2023  Corporation  Filing period: February 1 - May 1  RECEIVED  R.I. DEPT. OF STATE  BUS SYCS DIV								
→ Filing Fee: \$50.00								
Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number  2. Exact name of the Corporation								
000156680	Shremshock Engineering, Inc.							
3. Principal Office Address	City State Zip							
7775 Walton Parkway, Suite 250			New A	lbany	ОН		43054	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
541330	Mechanical and Electrical Engineering							
5. State of Incorporation								
Ohio	dresses) Check the box to indicate an attachment							
7. List ALL officers (names and addresses) President Name				Vice-President Name Reece A. Prather				
Gerald S. Shremshock								
7775 Walton Parkway, Suite 250			7775 Walton Parkway, Suite 250					
City New Albany	State OH	<sup>Zlp</sup> 43054	City New	l	ОН	43054		
Secretary Name Timothy J. Shr	Treasurer N	Treasurer Name Gerald S. Shremshock						
Street Address 7775 Walton Parkway, Suite 250			Street Address 7775 Walton Parkway, Suite 250					
City New Albany	State OH	<sup>Zip</sup> 43054	Cily New Albany		State	ОН	<sup>Zip</sup> 43054	
8. List ALL directors (names and ac	Olso stor Ale	Check the box to indicate an attachment   Olirector Name						
Director Name Gerald S. Shres	Reece A. Prather							
Street Address 7775 Walton Parkway, Suite 250				Street Address 7775 Walton Parkway, Suite 250				
City New Albany	State OH	<sup>Zip</sup> 43054	Clly New Albany		State	ОН	<sup>Zip</sup> 43054	
Director Name Timothy J. Shremshock			Director Name none					
Street Address 7775 Walton Parkway, Suite 250				Street Address				
City New Albany	State OH	<sup>Zip</sup> 43054	City		State		Zip	
9. Shares Authorized		10. Shares Issu		Check the I		licate an a	ttachment   PAR VALUE	
This information is currently of reco	his information is currently of record in the epartment of State.		SHARES	common		0		
Changes require an additional filing.		100		Common				
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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 06/29/2023				
Theodor A Trailer								
Signature of Authorized Representative								
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov

JUN 29 2023

BY RYFNA

FORM 630- Revised, 04/2023