State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JUN 29 A 11:25

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 Albany	OH	43054
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541330	Mechanical and Electrical Engineering			
5. State of Incorporation				
Ohio				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Gerald S. Shremshock			Vice-President Name: Reece A. Prather		
Street Address: 7775 Walton Parkway, Suite 250			Street Address: 7775 Walton Parkway, Suite 250		
City: New Albany	State: OH	Zip: 43054	City: New Albany	State: OH	Zip: 43054
Secretary Name: Timothy J. Shremshock			Treasurer Name: Gerald S. Shremshock		
Street Address: 7775 Walton Parkway, Suite 250			Street Address: 7775 Walton Parkway, Suite 250		
City: New Albany	State: OH	Zip: 43054	City: New Albany	State: OH	Zip: 43054

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Gerald S. Shremshock			Director Name: Reece A. Prather		
Street Address: 7775 Walton Parkway, Suite 250			Street Address: 7775 Walton Parkway, Suite 250		
City: New Albany	State: OH	Zip: 43054	City: New Albany	State: OH	Zip: 43054
Director Name: Timothy J. Shremshock			Director Name: none		
Street Address: 7775 Walton Parkway, Suite 250			Street Address:		
City: New Albany	State: OH	Zip: 43054	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	0

11. 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.

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
Reece A. Prather	06/29/2023

Signature of Authorized Representative: Reece Prather

FILED 11:36
JUN 29 2023
BY RYFNQ
19

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised. 04/2023