



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

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: 24

1. Entity ID Number 000156680		2. Exact name of the Corporation Shremshock Engineering, Inc.			
3. Principal Office Address 7775 Walton Parkway, Suite 250		City New Albany		State OH	Zip 43054
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Mechanical and Electrical Engineering			
5. State of Incorporation Ohio					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 Reece A. Prather					Date 06/29/2023
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.ri.gov

FILED 11:26
JUN 29 2023
BY LYF/NO

FORM 630- Revised: 04/2023