RI SOS Filing Number: 202342573280 Date: 11/3/2023 10:49:00 AM

State of Rhode Island Department of State - Business Services Division RECEIVED								
Annual Report for the year: 2023 Corporation R.I. DEPT. OF STATE BUS SYCS DEF								
Corporation → Filing period: February 1 - → Filing Fee: \$50,00 → Penalty: Additional \$25,00 february	2023 NOV -3 A 10: 45							
Entity ID Number 2. Exact name of the Corporation								
000104772 Shremshock Architects, Inc.								
3. Principal Office Address 7775 Walton Parkway, Suite 250			New Albany Sta				Zip 43054	
4. NAICS Code	6. Brief description	on of the characte	r of busines	s conducted in Rhode	Island			
541310	Architecture							
5. State of Incorporation	1							
Ohio								
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Gerald S. Shremshock				Vice-President Name MaryLou Shremshock				
7775 Walton Parkway, Suite 250			Street Address 7775 Walton Parkway, Suite 250					
^{City} New Albany	State OH	^{Zip} 43054		Albany	1	ЭН	Zip 43054	
Secretary Name B. Scott Shremshock				Treasurer Name Timothy J. Shremshock				
Street Address 7775 Walton Parkway, Suite 250			Street Address 7775 Walton Parkway, Suite 250					
Cily New Albany	State OH	^{Zıp} 43054	New	/ Albany	State)H	^{Zip} 43054	
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name							achment 🔲	
Director Name Gerald S. Shremshock			MaryLou 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 ()H	^{Zip} 43054	
Director Name B. Scott Shremshock			Director Name Timothy J. 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 (DН	Zip 43054	
9. Shares Authorized This Information is currently of record in the Department of State. Changes require an additional filling.		10. Shares Issued Check th NUMBER OF SHARES CLASSISE		box to indi	cate an <u>all</u>	achment 🔲		
		500		Common		\$1.00		
								
11. This report must be executed on behalf of the corporation by an authoration as the standard must be executed as behalf of the corporation					poration is i	n the hand	is 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				·	Date	111.72		
Timothy J. Shremshock Signature of Authorized Representative								
FILED								
MAIL TO: Division of Businese Services NOV 0.3 2022								

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