



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.

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BUS SVCS DIV

2023 NOV -3 A 10:46

1. Entity ID Number 000104772		2. Exact name of the Corporation Shremshock Architects, Inc.												
3. Principal Office Address 7775 Walton Parkway, Suite 250		City New Albany		State OH	Zip 43054									
4. NAICS Code 541310	6. Brief description of the character of business conducted in Rhode Island Architecture													
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 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 OH	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												
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 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 OH	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 OH	Zip 43054									
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 <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>500</td><td>Common</td><td>\$1.00</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	\$1.00			
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500	Common	\$1.00												
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 Timothy J. Shremshock					Date 11/2/23									
Signature of Authorized Representative 														

FILED

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

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BY ML EMDJQ

FORM 630- Revised 04/2023

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