



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 					

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

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BY: ML EMPDJQ

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