



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 12 2024
BY 3542
OS

1. Entity ID Number 001720326	2. Exact name of the Corporation The Shearer Group, Inc.		
3. Principal Office Address 3118 Harrisburg Blvd Ste 100		City Houston	State TX
		Zip 77003	
4. NAICS Code 541190	6. Brief description of the character of business conducted in Rhode Island Business Administration		
5. State of Incorporation Texas			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Gregory W. Beers			Vice-President Name Cory C. Wood		
Street Address 99 Poppasquash Rd			Street Address 99 Poppasquash Rd		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Cory C. Wood			Treasurer Name Gregory W. Beers		
Street Address 99 Poppasquash Rd			Street Address 99 Poppasquash Rd		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory W. Beers			Director Name Cory C. Wood		
Street Address 99 Poppasquash Rd			Street Address 99 Poppasquash Rd		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
		1,500	Common	No par value

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 Gregory W. Beers	Date 21 FEB 24
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

**Attachment to Annual Report of
The Shearer Group, Inc.**

8. The remaining officer of the corporation is:

<u>Name/Address</u>	<u>Office</u>
Joshua S. Sebastian 3118 Harrisburg Blvd Ste 100 Houston, TX 77003	Vice President – Operations

FILED
MAR 12 2024
BY JS *JS*