

10:59 AM 08/13/2024 2:21 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

AUG 13 2024
092623 DL

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

1. Entity ID Number 001089490		2. Exact name of the Corporation SMW ENGINEERING GROUP, INC.			
3. Principal Office Address 12979 TELECOM PKWY N			City TAMPA	State FL	Zip 33637
4. NAICS Code 541370		6. Brief description of the character of business conducted in Rhode Island LAND SURVEYING			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name DAVIS MICHAEL			Vice-President Name SOMMERVILLE III WILLIAM		
Street Address 1400 MICHAEL DRIVE			Street Address 4635 OLD LOONEY MILL ROAD		
City ALABASTER	State AL	Zip 35007	City BIRMINGHAM	State AL	Zip 35243
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name HESTER JON			Director Name SHARIT JEREMY		
Street Address 4116 SOUTH SHADES CREST R			Street Address 2801 GOODWILL ROAD		
City HOOVER	State AL	Zip 35244	City MORRIS	State AL	Zip 35116
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100			
				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 <i>Michael Davis</i>					Date 8/10/2024
Signature of Authorized Representative MICHAEL DAVIS					

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