



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.

REC'D RIDOS BSD
 24 OCT 25 PM 3:00:18
 REC'D RIDOS BSD
 24 OCT 23 PM 1:59:14

1. Entity ID Number 000112108		2. Exact name of the Corporation Clark, Richardson & Biskup Consulting Engineers Inc.			
3. Principal Office Address 1251 NW Briarcliff Pkwy, STE 500			City Kansas City	State MO	Zip 64116
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Performance of Design work and any other business related work as permitted by law.			
5. State of Incorporation Missouri					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Lee Emel			Vice-President Name None		
Street Address 1251 NW Briarcliff Pkwy, STE 500			Street Address		
City Kansas City	State MO	Zip 64116	City	State	Zip
Secretary Name Courtney Holt			Treasurer Name Derrick Green		
Street Address 1251 NW Briarcliff Pkwy, STE 500			Street Address 1251 NW Briarcliff Pkwy, STE 500		
City Kansas City	State MO	Zip 64116	City Kansas City	State MO	Zip 64116
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name Eric Unrau			Director Name Daniel Backman		
Street Address 1251 NW Briarcliff Pkwy, STE 500			Street Address 1251 NW Briarcliff Pkwy, STE 500		
City Kansas City	State MO	Zip 64116	City Kansas City	State MO	Zip 64116
Director Name Shannah Falcone			Director Name		
Street Address 1251 NW Briarcliff Pkwy, STE 500			Street Address		
City Kansas City	State MO	Zip 64116	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	PAR VALUE
		80,000	A	0	
		20,000	B	0	
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. FILED					
Name of Authorized Representative Courtney Holt				Date 10/22/2024	
Signature of Authorized Representative <i>Courtney Holt</i>				OCT 25 2024 <i>BWWXC</i> 302	

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