

State of Rhode Island

Department of State - Business Services Division

FILED

| Annual Report for the year: Corporation | 202 5 | | FEB 0 5 2025 | | | | | |
|--|---------------------------------|--|----------------------------------|--|---------------|--------------|--|--|
| → Filing period: February 1 - → Filing Fee: \$50.00 | BY DY DV | | | | | | | |
| → Penalty: Additional \$25.00 1. Entity ID Number | | | | | | <u>——</u> * | 47 | |
| 001720326 | z. Exact hain | 2. Exact name of the Corporation The Shearer Group, Inc. | | | | | | |
| 3. Principal Office Address | | | City | | State | | Zip | |
| 3118 Harrisburg Blvd Ste 100 | | | H | ouston | T. | X | 77003 | |
| 4. NAICS Code | 6. Brief descr | iption of the charac | ter of busines | ss conducted in Rho | de Island | | <u>- </u> | |
| 541330 | 1 | | | | | | | |
| 5. State of Incorporation | Business Administration | | | | | | | |
| Texas | | | | | | | | |
| 7. List ALL officers (names and ad- | dresses) | | | Check th | e box to ind | icate an at | tachment | |
| President Name Gregory W. Beers | | | | Check the box to indicate an attachment ☐ Vice-President Name Cory C. Wood | | | | |
| Street Address 99 Poppasquash Rd | | | Street Address 99 Poppasquash Rd | | | | | |
| City Bristol | State RI | ^{Zip} 02809 | City Brist | tol | State | RI | Zip 02809 | |
| Secretary Name Cory C. Wood | Treasurer Name Gregory W. Beers | | | | | | | |
| Street Address 99 Poppasqua | Street Addi | Street Address 99 Poppasquash Rd | | | | | | |
| City Bristol | State RI | ^{Zip} 02809 | City Brist | tol | State | RI | Zip 02809 | |
| 8. List ALL directors (names and ad | idresses) | | | Check th | e box to indi | icate an at | tachment 🗹 | |
| 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 Brist | Bristol | | RI | Zip 02809 | |
| Director Name | | | Director Na | me | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | | Zip | |
| 9. Shares Authorized | horized 10. Shares Iss | | | ed Check the box to indicate an attachment | | | | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES | | CLASS/SERIES PAR VALUE | | | | |
| Department or State. Changes require an additional filing. | | 1,500 | | Common | | No par value | | |
| | | | | | | | | |
| 11. This report must be executed or | n behalf of the o | corporation by an a | uthorized rep | resentative. If the co | rporation is | in the han- | ds of a re- | |
| ceiver or trustee, this report must be | <u>e executed on t</u> | ehalf of the corpor | ation by the r | eceiver or trustee. | | | | |
| Under penalty of perjury, I declar statements, and that all statemen | | | | t, including any acc | ompanying |) schedule | es and | |
| Name of Authorized Representative | | | | | Date | Date | | |
| Gregory W. Beers | | | | | | m t AC | 75 | |

MAIL TO:

Division of Business Services

Signature of Authorized Representative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov

Attachment to Annual Report of The Shearer Group, Inc.

8. The remaining officer of the corporation is:

Name/Address

Office

Joshua S. Sebastian 3118 Harrisburg Blvd Ste 100 Houston, TX 77003 Vice President - Operations