



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation

Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Smith Seckman Reid, Inc

SECTION II

It is incorporated under the laws of State: TN Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 1/25/1968

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 2995 SIDCO DR

City or Town: NASHVILLE

State: TN

Zip: 37204

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PKWY

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is CT CORPORATION

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

ENGINEERING CONSULTING

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	SUSAN OSTERBERG	2995 SIDCO DR NASHVILLE, TN 37204 US
CEO	SUSAN OSTERBERG	2995 SIDCO DR NASHVILLE, TN 37204 US
CEO	SUSAN OSTERBERG	2995 SIDCO DR NASHVILLE, TN 37204 US
CEO	SUSAN OSTERBERG	2995 SIDCO DR NASHVILLE, TN 37204 US
CFO	TIMOTHY PRIDDY	2995 SIDCO DR NASHVILLE, TN 37204 US
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CFO	TIMOTHY PRIDDY	2995 SIDCO DR NASHVILLE, TN 37204 US
CFO	TIMOTHY PRIDDY	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	STEPHEN LANE	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	SUSAN OSTERBERG	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	TIMOTHY PRIDDY	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	JONATHAN ROSS	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	DAVID GABOURY	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	JOEL ROOD	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	PATRICIA PRIEST	2995 SIDCO DR NASHVILLE, TN 37204 US
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DIRECTOR	JOEL ROOD	2995 SIDCO DR NASHVILLE, TN 37204 US
DIRECTOR	PATRICIA PRIEST	2995 SIDCO DR NASHVILLE, TN 37204 US

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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DIRECTOR	PATRICIA PRIEST	2995 SIDCO DR NASHVILLE, TN 37204 US

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$1.0000	250,000.00

Signed this 14 Day of July, 2025 at 2:15:03 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By TIMOTHY PRIDDY

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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***State of Rhode Island
Board of Registration for Professional Engineers***

BE IT KNOWN THAT

Smith Seckman Reid, Inc

*having given satisfactory evidence of having the
qualifications required by law is hereby authorized to practice*

**Engineering as a
Corporation**

IN THE STATE OF RHODE ISLAND

Certificate of Authorization No.: 9707

Issued: 06/10/2025

Expires:

Chair

Secretary



Tre Hargett
Secretary of State

Division of Business and Charitable Organizations
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2286
sos.tn.gov/

TAYLOR WEIS
2995 SIDCO DR
NASHVILLE, TN 37204, USA

07/11/2025

Request Type: Certificate of Existence/Authorization

Issuance Date: 07/11/2025

Request #: C2025054865

Document Receipt

Order Number: C2025054865

Verification #: AB52ECF2

Receipt #: 2025-521652

Filing Fee: \$20.00

Payment: Credit Card - 3902157057

\$20.00

Entity Name: SMITH SECKMAN REID, INC.

SOS Control #: 000028863

Initial Filing Date: 01/25/1968

Entity Type: For-profit Corporation

Formation Locale: TENNESSEE

Status: Active

Duration Term: Perpetual

Fiscal Year Close: January

Annual Report Due: 05/01/2026

Business County: DAVIDSON

Shares of Stock: 250000

Obligated Member Entity: No

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SMITH SECKMAN REID, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Verification #: AB52ECF2



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 14, 2025 02:14 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

