

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100)

Revised 08/2023

OMB Control Number: 3046-0049

Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT  
SINGLE-ESTABLISHMENT FILER REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID  
AB02102

EMPLOYER NAME  
TROEMNER LLC

ADDRESS  
201 WOLF DRIVE

CITY/TOWN  
THOROFAR

STATE  
NJ  
ZIP CODE  
08086

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE  
ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
471976482

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File)  NO (Employer Is Not Eligible to File)  EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): Not Applicable

YES (Single-Establishment Employer is Federal Contractor)  YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor)  YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

335999 - All Other Miscellaneous Electrical Equipment and Component Manufacturing

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male					Female								
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3	
First/Mid-Level Officials and Managers	1	0	6	0	0	0	0	0	3	1	0	0	0	0	11	
Professionals	0	0	12	1	0	0	0	0	4	0	1	0	0	0	18	
Technicians	0	1	6	0	1	0	0	0	9	2	2	0	0	1	22	
Sales Workers	0	2	0	0	0	0	0	0	1	0	0	0	0	0	3	
Administrative Support Workers	0	0	1	0	0	0	0	0	8	1	1	0	0	0	11	
Craft Workers	1	0	12	1	0	0	0	0	0	0	0	0	0	0	14	
Operatives	3	3	14	8	5	0	0	0	10	4	1	0	0	0	48	
Laborers and Helpers	0	0	0	1	0	0	0	0	3	2	0	1	0	0	7	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>CURRENT 2024 REPORTING YEAR TOTAL</b>	<b>5</b>	<b>6</b>	<b>53</b>	<b>11</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>10</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>137</b>	
<b>PRIOR 2023 REPORTING YEAR TOTAL</b>	<b>5</b>	<b>5</b>	<b>55</b>	<b>11</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>11</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>140</b>	

SECTION I – WORKFORCE SNAPSHOT PERIOD

11/1/2024 - 11/30/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
AB02102

EMPLOYER NAME  
TROEMNER LLC

ADDRESS  
201 WOLF DRIVE

CITY/TOWN  
THOROFARE

STATE  
NJ

ZIP CODE  
08086

**CERTIFICATION COMMENTS (optional)**

No Certification Comments Provided

**CERTIFICATION STATEMENT**

*"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."*

**Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.**

**DATE OF CERTIFICATION**

6/9/2025 2:46 PM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

Barbara G Mullin

Title of Certifying Official

Head of Human Resources

Email Address of Certifying Official

barb.mullin@troemner.com

Telephone Number of Certifying Official

609-230-8457

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC

Barbara G Mullin

Title and Employer of Primary POC

Head of Human Resources  
Troemner, LLC

Email Address of Primary POC

barb.mullin@troemner.com

Telephone Number of Primary POC

609-230-8457