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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
33002	Pump House Inc			
3. Street Address Principal Business Office		City	State	Zip
1464 Kingstown Rd		Peace Dale	R.I	02883
4. Business Phone No.	5. State of Incorporation			
401-789-4944	R.I			

6. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant and Pub

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Robert Haberland	74 Buoy Street	Jamestown	R.I	02835

Vice President Name	Street Address	City	State	Zip
Robert Haberland	74 Buoy St	Jamestown	R.I	02835

Secretary Name	Street Address	City	State	Zip
Robert Haberland	74 Buoy St	Jamestown	R.I	02835

Treasurer Name	Street Address	City	State	Zip
Robert Haberland	74 Buoy St	Jamestown	R.I	02835

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. SHARES AUTHORIZED 600 Shares

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	—	No Par

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.

[redacted] [redacted]

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.

Robert W. Haberland 1/14/09
Signature *Date*

Robert W. Haberland
Print or Type Name

President
Title

[redacted]

File Date 1-16-09
Check No. 1656
By: MMC
FOR SECRETARY OF STATE USE ONLY

30381-16-334665

Form 630 Rev. 08/08