



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>38084</b>		2. Exact name of the Corporation <b>Industrial Pump Sales and Service, Inc.</b>			
3. Principal office address <b>37 William S. Canning Boulevard</b>		City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	
4. Business Phone No.		5. State of Incorporation <b>Massachusetts</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Buy and sell at wholesale industrial pumps and related equipment.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Bruce G. Levesque</b>		Vice-President Name <b>Bruce G. Levesque</b>			
Street Address <b>115 Sunset Drive</b>		Street Address <b>115 Sunset Drive</b>			
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>
Secretary Name <b>Bruce G. Levesque</b>		Treasurer Name <b>Bruce G. Levesque</b>			
Street Address <b>115 Sunset Drive</b>		Street Address <b>115 Sunset Drive</b>			
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Bruce G. Levesque</b>		Director Name <b>Bruce G. Levesque</b>			
Street Address <b>115 Sunset Drive</b>		Street Address <b>115 Sunset Drive</b>			
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>
Director Name <b>Bruce G. Levesque</b>		Director Name <b>Michelle Levesque</b>			
Street Address <b>115 Sunset Drive</b>		Street Address <b>115 Sunset Drive</b>			
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02725</b>
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		135	Common	No par value	

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

**FILED**

JAN 29 2016

KL 76556

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.

Signature of Authorized Representative

Date

**Bruce G. Levesque**

Print or Type Name of Authorized Representative