



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

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

FILED

JAN 29 2016

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