



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE
SECRETARY OF
CORPORATIONS DIV
2018 MAR 22 P 12:00

1. Entry ID Number 0000 32002		2. Exact name of the Corporation PUMP HOUSE INC	
3. Principal Office Address 74 BUOY ST		City JAMESTOWN	State RI
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO HOLD THE MORTGAGE ON SALE OF PROPERTY LOCATED AT 1464 KINGSTOWN RD	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROBERT W HABERLAND		Vice-President Name	
Street Address 74 BUOY ST		Street Address	
City JAMESTOWN	State RI	Zip 02835	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ROBERT W HABERLAND		Director Name	
Street Address 74 BUOY ST		Street Address	
City JAMESTOWN	State RI	Zip 02835	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 600	CLASS/SHRILS COMMON
		PAR VALUE NO	
11. 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.			
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.			
Name of Authorized Representative ROBERT W HABERLAND		Date 5/23/17	
Signature of Authorized Representative <i>Robert W. Haberland</i>		E-ON DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 22 2018

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PV 000 32002 327073 FORM 630 - Revised: 02/2017