



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee \$50.00
- Penalty Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000032002	2. Exact name of the Corporation PUMP HOUSE INC.		
3. Principal Office Address 74 BUOY STREET		City JAMESTOWN	State RI
		Zip 02835	
4. NAICS Code 531390	6. Brief description of the character of bus ness conducted in Rhode Island TO HOLD MORTGAGE ON SALE OF PROPERTY LOCATED AT 1464 KINGSTOWN ROAD PEACE DALE RI 02879		
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 STREET				Street Address			
City JAMESTOWN	State RI	Zip 02835		City	State	Zip	
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	

8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	

9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		600.00		CNP	
				PAR VALUE	
				0.0000	

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 JULIA WESTCOTT	Date 03/08/2023
Signature of Authorized Representative 	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov