State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2023 SEP 29 A 9:19

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.

1. Entity ID Number	2. Exact name of the Corporation
000067406	BSM Pump Corp.

3. Principal Office Address	City	State	Zip
7236 Tylers Corner Drive	West Chester	OH	45069

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
333900	Industrial pump manufacturing
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Thomas G. Ruthman	
Street Address: 7236 Tylers Corner Drive	Street Address
City: West Chester / State: OH / Zip: 45069	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 ☐

Director Name	Director Name
Thomas G. Ruthman	
Street Address: 7236 Tylers Corner Drive	Street Address
City: West Chester / State: OH / Zip: 45069	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	common	$0.00

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	Date
Thaddeus D. McCord	7/27/2023

Signature of Authorized Representative: Thaddeus D. McCord

FILED

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

SEP 29 2023
BY ML GTN5H
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FORM 630- Revised: 04/2023