



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 SEP 29 A 9:19

Annual Report for the year: 2022

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 000067406		2. Exact name of the Corporation BSM Pump Corp.			
3. Principal Office Address 7236 Tylers Corner Drive			City West Chester	State OH	Zip 45069
4. NAICS Code 333900		6. Brief description of the character of business conducted in Rhode Island Industrial pump manufacturing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Thomas G. Ruthman			Vice-President Name		
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 <input type="checkbox"/>
Director Name Thomas G. Ruthman			Director Name		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. <i>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.</i>					
Name of Authorized Representative Thaddeus D. McCord				Date 7/27/2023	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 29 2023
BY ML GTNSH
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