RI SOS Filing Number: 202449659030 State of Rhode Island **Department of State - Business Services Division** Annual Report for the year: 2024 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 00022850 Hussman Corporation 3. Principal Office Address City State Zip 12999 St Charles Rock Road **Bridgeton** MO 63044 4. NAICS Code Brief description of the character of business conducted in Rhode Island 333415 Sales of Commercial Refrigeration Equipment 5. State of Incorporation Missouri 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Timothy Figge Vice-President Name NONE Street Address Street Address NONE 12999 St Charles Rock Road State **Bridgeton** State MO 63044 NONE NONE NONE Secretary Name Eileen Petito Treasurer Name Cathey Haigh Street Address Street Address 12999 St Charles Rock Road 12999 St Charles Rock Road ^{Zip} 63044 State **Bridgeton** MO Zip 63044 **Bridgeton** MO 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Timothy Figge Director Name Cathey Haigh Street Address 12999 St Charles Rock Road Street Address 12999 St Charles Rock Road City Bridgeton ^{Zip}63044 State State Zip 63044 MO **Bridgeton** MO Director Name Director Name Eileen Petito NONE Street Address 12999 St Charles Rock Road Street Address NONE ^{Zip}63044 City NONE **Bridgeton** State MO NONE NONE 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 5.211 CNP 0.00 Changes require an additional filing. NONE NONE NONE 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 Cathey Haigh Signature of Authorized Representative **FILED** ather MAIL TO: Division of Business Services

Date: 3/28/2024 9:47:00 AM

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