

State of Rhode Island

Department of State - Business Services Division

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STAMP

Annual	Report	for the	year:	2023
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Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.							<u>3</u> 9	
Entity ID Number	2. Exact name	e of the Corporation	n				<u>. </u>	
00022850	Hussmar	n Corporati						
3. Principal Office Address 12999 St Charles Rock Ro	.oad		City Bridge	eton	State		Zip 63044	
4. NAICS Code	6. Brief descrir	ption of the charact			_			
333415		Commercial Re						
5. State of Incorporation Missouri								
7. List ALL officers (names and add				Check	k the box to ind	dicate an at	tachment 🗀	
I imothy Figge			Vice-Presi	sident Name NONE	Ē			
Street Address 12999 St Charle			Street Add					
City Bridgeton	State MO	^{Zip} 63044	City NOI		State	NONE	Zip NONE	
Secretary Name Eileen Petito			Treasurer	^{r Name} Cathey H	laigh		<u> </u>	
12999 St Charle	State		Street Ada	dress 12999 St (Charles Ro	ck Road		
Bridgeton	State MO	^{Zip} 63044	City Brid	dgeton	State	MO	Zip 63044	
B. List ALL directors (names and addirector Name	dresses)			Check	k the box to indi			
Timothy Figge	_		Director Na	Cathey Ha				
Street Address 12999 St Charle			Street Addr	dress 12999 St C	Charles Ro	ck Road		
Bridgeton	State MO	^{Zip} 63044	City Brid	dgeton	State		Zip 63044	
Director Name Eileen Petito			Director Na	NONE			1 -	
treet Address 12999 St Charle	s Rock Roa		ľ	Street Address NONE				
Bridgeton Shares Authorized	State MO	^{Zip} 63044	City NON			INONE	Zip NONE	
his information is currently of record	d in the	10. Shares Issue NUMBER OF S.		Check CLAST	k the box to indi	licate an atta		
epartment of State. hanges require an additional filing.		5,211		CNP	Series	0.00	PAR VALUE	
	habolf of the cr	NONE	· - d -ar	NONE		NONE		
This report must be executed on eiver or trustee, this report must be and a report must be a report must be a report.								
Inder penalty of perjury, I declare tatements, and that all statement ame of Authorized Representative	e and affirm that its contained he	it i have examined	d this monart	t, including any a	ccompanying	, schedule:	s and	
Cathey Haigh				-	Date	h1./2	1024	
ignature of Authorized Representati	.ive					12 4/2	02-1	
Cathey Haigh				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 FORM 630- Revised: 12/2023