State of Rhode Island
Department of State - Business Services Division

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.

STAMP FOR SECRETARY OF STATE USE ONLY

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	6. 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	Street Address	City	State	Zip
Timothy Figge	12999 St Charles Rock Road	Bridgeton	MO	63044
Secretary Name: Eileen Petito	12999 St Charles Rock Road	Bridgeton	MO	63044

Vice-President Name	Street Address	City	State	Zip
NONE	NONE	NONE	NONE	NONE
Treasurer Name: Cathey Haigh	12999 St Charles Rock Road	Bridgeton	MO	63044

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Timothy Figge	12999 St Charles Rock Road	Bridgeton	MO	63044
Director Name: Eileen Petito	12999 St Charles Rock Road	Bridgeton	MO	63044

Director Name	Street Address	City	State	Zip
Cathey Haigh	12999 St Charles Rock Road	Bridgeton	MO	63044
NONE	NONE	NONE	NONE	NONE

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5,211	CNP	0.00
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	Date
Cathey Haigh	3/26/2024

Signature of Authorized Representative: Cathey Haigh

FILED

9:45 MAR 28 2024
BY ML XSKTH

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov