



**State of Rhode Island  
Department of State - Business Services Division**



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 <b>00022850</b>		2. Exact name of the Corporation <b>Hussman Corporation</b>			
3. Principal Office Address <b>12999 St Charles Rock Road</b>			City <b>Bridgeton</b>	State <b>MO</b>	Zip <b>63044</b>
4. NAICS Code <b>333415</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sales of Commercial Refrigeration Equipment</b>			
5. State of Incorporation <b>Missouri</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Timothy Figge</b>			Vice-President Name <b>NONE</b>		
Street Address <b>12999 St Charles Rock Road</b>			Street Address <b>NONE</b>		
City <b>Bridgeton</b>	State <b>MO</b>	Zip <b>63044</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Secretary Name <b>Eileen Petito</b>			Treasurer Name <b>Cathey Haigh</b>		
Street Address <b>12999 St Charles Rock Road</b>			Street Address <b>12999 St Charles Rock Road</b>		
City <b>Bridgeton</b>	State <b>MO</b>	Zip <b>63044</b>	City <b>Bridgeton</b>	State <b>MO</b>	Zip <b>63044</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Timothy Figge</b>			Director Name <b>Cathey Haigh</b>		
Street Address <b>12999 St Charles Rock Road</b>			Street Address <b>12999 St Charles Rock Road</b>		
City <b>Bridgeton</b>	State <b>MO</b>	Zip <b>63044</b>	City <b>Bridgeton</b>	State <b>MO</b>	Zip <b>63044</b>
Director Name <b>Eileen Petito</b>			Director Name <b>NONE</b>		
Street Address <b>12999 St Charles Rock Road</b>			Street Address <b>NONE</b>		
City <b>Bridgeton</b>	State <b>MO</b>	Zip <b>63044</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		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. <b>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.</b>					
Name of Authorized Representative <b>Cathey Haigh</b>				Date <b>3/26/2024</b>	
Signature of Authorized Representative <i>Cathey Haigh</i>					

**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

9:46 MAR 28 2024  
BY ML XSKTH