



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

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 2024 MAR 28 9:45 AM

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

9:45

MAR 28 2024

BY ML XSKTH