



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000164787		2. Exact name of the Corporation KRONES INC.			
3. Principal office address 9600 South 58th Street		City Franklin	State WI	Zip 53132-6241	
4. Business Phone No. 414-409-4000		5. State of Incorporation Wisconsin			
6. Brief description of the character of business conducted in Rhode Island Sales and service of complete bottling and packaging systems.					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	Common	0

RECEIVED STATE SECRETARY OF STATE CORPORATIONS DIV 2014 OCT 21 PM 3:21

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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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FILED**  
OCT 21 2014

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.

234786  
A.A. 3:05 PM  
H. Beckmann

Signature of Authorized Representative

05-01-14  
Date

**FOR SECRETARY OF STATE USE ONLY**

Holger Beckmann

Print or Type Name of Authorized Representative

Form No. 630  
Revised: 01/2012

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KRONES, INC.  
9600 South 58<sup>th</sup> Street  
P.O. Box 321801  
Franklin, WI 53132-6241 USA

Corporate Administration

Doris Mayer  
Tel: (414) 409-4024  
Fax: (414) 409-4140  
Doris.mayer@kronesusa.com

**KRONES, INC. OFFICERS & BOARD OF DIRECTORS**  
January 2013

**KRONES, INC . OFFICERS**

President, CEO, CFO	Holger Beckmann	9600 South 58 <sup>th</sup> Street	Franklin, WI 53132
COO	Michael M. Wiebe	9600 South 58 <sup>th</sup> Street	Franklin, WI 53132
SVP Sales & Maktg.	Timothy A. Raymond	9600 South 58 <sup>th</sup> Street	Franklin, WI 53132
Secretary	Kevin D. Makowski	777 East Wisconsin Ave.	Milwaukee, WI 53202

**KRONES, INC . BOARD OF DIRECTORS**

Holger Beckmann	9600 South 58 <sup>th</sup> Street	Franklin, WI 53132
Timothy A. Raymond	9600 South 58 <sup>th</sup> Street	Franklin, WI 53132
Michael M. Wiebe	9600 South 58 <sup>th</sup> Street	Franklin, WI 53132
Kevin D. Makowski	777 East Wisconsin Avenue	Milwaukee, WI 53202