RI SOS Filing Number: 201589799790 Date: 12/28/2015 4:00 PM

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

VIESSMANN

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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.	2. Exact name of the Corporation
61890	VIESSMANN MANUFACTURING COMPANY (US) INC.

3. Principal office address	City	State	Zip
45 ACCESS ROAD	WARWICK	RI	02886

4. Business Phone No.	5. State of Incorporation
401-732-0667	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
MANUFACTURE AND SELL OIL, GAS AND WOOD HEATING BOILERS, THERMAL SOLAR SYSTEMS AND INDIRECT WATER HEATERS.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
DR. MICHAEL LUZ	STEPHEN DAVID - ASSISTANT SECRETARY
Street Address: 45 ACCESS ROAD	Street Address: 45 ACCESS ROAD
City: WARWICK, State: RI, Zip: 02886	City: WARWICK, State: RI, Zip: 02886
Secretary Name: PATRICIA PANZITTA	Treasurer Name: PATRICIA PANZITTA
Street Address: 45 ACCESS RIAD	Street Address: 45 ACCESS ROAD
City: WARWICK, State: RI, Zip: 02886	City: WARWICK, State: RI, Zip: 02886

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5,000	COMMON	$1.00
1,500	PREFERRED	$1,000

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
DEC 28 2015
BY 811400295

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.

Signature of Authorized Representative — 12/11/2015 Date

PATRICIA PANZITTA, CORPORATE SECRETARY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

129966-31-1044230