



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 2015

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. 000484978		2. Exact name of the Corporation Wittmann Battenfeld, Inc.		
3. Principal office address One Technology Park Drive		City Torrington	State CT	Zip 06790
4. Business Phone No. 860-496-9603		5. State of Incorporation CT		
6. Brief description of the character of business conducted in Rhode Island Manufacturing of robots, injection molding machines and material conveying systems				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name David Preusse		Vice-President Name None		
Street Address One Technology Park Drive		Street Address		
City Torrington	State CT	Zip 06790	City	State
Secretary Name Daniel Novotney		Treasurer Name None		
Street Address One Technology Park Drive		Street Address		
City Torrington	State CT	Zip 06790	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Michael Wittmann		Director Name		
Street Address Lichtblaustrasse 10, A-1220		Street Address		
City Vienna	State Austria	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		200	Common	No Par Value

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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: _____

FOR SECRETARY OF STATE USE ONLY

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.

11:40 am
FILED
 APR 25 2016
 Signature of Authorized Representative: Daniel Novotney
 Date: 2/27/16
 Print or Type Name of Authorized Representative: Daniel Novotney

By 272936

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