



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

2010

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	Zip
Secretary Name Daniel Novotney			Treasurer Name None		
Street Address One Technology Park Drive			Street Address		
City Torrington	State CT	Zip 06790	City	State	Zip
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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

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.

Signature of Authorized Representative

Date

Daniel Novotney

Print or Type Name of Authorized Representative

APR 25 2016

By 272936

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