



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2017  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STATE  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2017 MAR - 3 PM 2:16  
 02038

1. Entity ID Number 000145610		2. Exact name of the Corporation HEIDELBERG ENGINEERING, INC.			
3. Principal Office Address 10 Forge Parkway			City Franklin	State MA	Zip 02038
4. NAICS Code <b>42 - Wholesale Trade</b>		6. Brief description of the character of business conducted in Rhode Island Sale of ophthalmology imaging equipment			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Arianna Schoess			Vice-President Name Claus Gaertner		
Street Address Max-Jarecki-Strabe 8			Street Address Max-Jarecki-Strabe 8		
City Heidelberg	State Germany	Zip 69115	City Heidelberg	State Germany	Zip 69115
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Kester Nahen			Director Name Ram Liebenthal		
Street Address Max-Jarecki-Strabe 8			Street Address 10 Forge Parkway		
City Heidelberg	State Germany	Zip 69115	City Franklin	State MA	Zip 02038
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1500	Common	0.00	
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. <b>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.</b>					
Name of Authorized Representative Claus Gaertner				Date 3/3/2017	
Signature of Authorized Representative <i>Claus Gaertner</i>				<b>FILED</b> SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

MAR 03 2017

By 297432

FORM 630 - Revised: 02/2017