



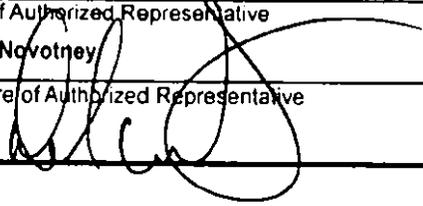
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STATE OF RHODE ISLAND
 CORPORATIONS DIV

Annual Report for the year: **2020**
 Corporation

2020 JAN -9 PM 12:24

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

1. Entity ID Number 000484978		2. Exact name of the Corporation Wittmann Battenfeld, Inc.			
3. Principal Office Address 1 Technology Park Drive			City Torrington	State CT	Zip 06790
4. NAICS Code 333220		6. Brief description of the character of business conducted in Rhode Island Manufacture and sell robots, injection molding machines and material conveying systems.			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Preusse			Vice-President Name		
Street Address 1 Technology Park Drive			Street Address		
City Torrington	State CT	Zip 06790	City	State	Zip
Secretary Name Daniel Novotney			Treasurer Name		
Street Address 1 Technology Park Drive			Street Address		
City Torrington	State CT	Zip 06790	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Wittman			Director Name		
Street Address 1 Technology Park Drive			Street Address		
City Torrington	State CT	Zip 06790	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	0.0000
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. <i>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.</i>					
Name of Authorized Representative Daniel Novotney				Date 12/30/2019	
Signature of Authorized Representative 					

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

FILED
 JAN 09 2020
 BY 14039
 12:26