RI SOS Filing Number: 202032206210 Date: 1/13/2020 4:00:00 PM

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

Annual Report for the year: 2020
Corporation

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

FILED
JAN 13 2020
BY 720750

1. Entity ID Number	2. Exact name of the Corporation		
000023646	Johnson Controls, Inc		
3. Principal Office Address	City	State	Zip
5757 N Green Bay Ave	Milwaukee	WI	53209
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
339999	Building control systems		
5. State of Incorporation			
Wisconsin			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael R Peterson			Vice-President Name: Jeff Williams		
Street Address: 5757 N Green Bay Ave			Street Address: 5757 N Green Bay Ave		
City: Milwaukee	State: WI	Zip: 53209	City: Milwaukee	State: WI	Zip: 53209
Secretary Name: Michael R Peterson			Treasurer Name: Marc E L Vandiepenbeeck		
Street Address: 5757 N Green Bay Ave			Street Address: 5757 N Green Bay Ave		
City: Milwaukee	State: WI	Zip: 53209	City: Milwaukee	State: WI	Zip: 53209

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Jeff Williams			Director Name: Michael R Peterson		
Street Address: 5757 N Green Bay Ave			Street Address: 5757 N Green Bay Ave		
City: Milwaukee	State: WI	Zip: 53209	City: Milwaukee	State: WI	Zip: 53209
Director Name: Rodney N Rushing			Director Name:		
Street Address: 5757 N Green Bay Ave			Street Address:		
City: Milwaukee	State: WI	Zip: 53209	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1150	Common	.01

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.

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.

Name of Authorized Representative	Date
Terry Reitz	1/6/2020

Signature of Authorized Representative: Terry Reitz — 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

FORM 630 - Revised: 10/2017