



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

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BY

|   |   |   |   |              |                    |
|---|---|---|---|--------------|--------------------|
| 1. Entity ID Number<br>000023646  |   | 2. Exact name of the Corporation<br>Johnson Controls, Inc   |   |              |                    |
| 3. Principal Office Address<br>5757 N Green Bay Ave   |   |   | City<br>Milwaukee                         | State<br>WI  | Zip<br>53209       |
| 4. NAICS Code<br>339999   | 6. Brief description of the character of business conducted in Rhode Island<br>Building control systems |   |   |              |                    |
| 5. State of Incorporation<br>Wisconsin  |   |   |   |              |                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |   |              |                    |
| President Name<br>Michael R Peterson  |   |   | Vice-President Name<br>Jeff Williams      |              |                    |
| Street Address<br>5757 N Green Bay Ave  |   |   | Street Address<br>5757 N Green Bay Ave    |              |                    |
| City<br>Milwaukee   | State<br>WI   | Zip<br>53209  | City<br>Milwaukee                         | State<br>WI  | Zip<br>53209       |
| Secretary Name<br>Michael R Peterson  |   |   | Treasurer Name<br>Marc E L Vandiepenbeeck |              |                    |
| Street Address<br>5757 N Green Bay Ave  |   |   | Street Address<br>5757 N Green Bay Ave    |              |                    |
| City<br>Milwaukee   | State<br>WI   | Zip<br>53209  | City<br>Milwaukee                         | State<br>WI  | Zip<br>53209       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |   |              |                    |
| Director Name<br>Jeff Williams  |   |   | Director Name<br>Michael R Peterson       |              |                    |
| Street Address<br>5757 N Green Bay Ave  |   |   | Street Address<br>5757 N Green Bay Ave    |              |                    |
| City<br>Milwaukee   | State<br>WI   | Zip<br>53209  | City<br>Milwaukee                         | State<br>WI  | Zip<br>53209       |
| Director Name<br>Rodney N Rushing   |   |   | Director Name                             |              |                    |
| Street Address<br>5757 N Green Bay Ave  |   |   | Street Address                            |              |                    |
| City<br>Milwaukee   | State<br>WI   | Zip<br>53209  | 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.<br><br>Changes require an additional filing.  |   | 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. |   |   |   |              |                    |
| <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<br>Terry Reitz  |   |   |   |              | Date<br>1/6/2020   |
| Signature of Authorized Representative<br>  |   |   |   |              | 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