State of Rhode Island
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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUL -7 P 12:45

1. Entity ID Number	2. Exact name of the Corporation		
000118598	CUMMINS-ALLISON CORP.		
3. Principal Office Address	City	State	Zip
852 FEEHANVILLE DRIVE	MT. PROSPECT	IL	60056
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
333318	SALES/COIN COUNTING MACHINES		
5. State of Incorporation			
INDIANA			

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

President Name: JAN-HINRIK BAUWE			Vice-President Name:		
Street Address: 852 FEEHANVILLE DRIVE			Street Address:		
City: MT PROSPECT	State: IL	Zip: 60056	City:	State:	Zip:
Secretary Name: MATTHEW D. MICHAEL			Treasurer Name: JOSEPH D. MOORE		
Street Address: 852 FEEHANVILLE DRIVE			Street Address: 852 FEEHANVILLE DRIVE		
City: MT. PROSPECT	State: IL	Zip: 60056	City: MT PROSPECT	State: IL	Zip: 60056

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

Director Name: JAN-HINRIK BAUWE			Director Name: KURT F. GALLO		
Street Address: 852 FEEHANVILLE DRIVE			Street Address: 852 FEEHANVILLE DRIVE		
City: MT PROSPECT	State: IL	Zip: 60056	City: MT. PROSPECT	State: IL	Zip: 60056
Director Name: JOSEPH D. MOORE			Director Name:		
Street Address: 852 FEEHANVILLE DRIVE			Street Address:		
City: MT PROSPECT	State: IL	Zip: 60056	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
0.00	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.

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
Joseph D. Moore	3/24/21

Signature of Authorized Representative

FILED

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

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BY DEFSS
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FORM 630 - Revised: 08/2020