



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.

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

1. Entity ID Number 000118598		2. Exact name of the Corporation CUMMINS-ALLISON CORP.			
3. Principal Office Address 852 FEEHANVILLE DRIVE		City MT. PROSPECT		State IL	Zip 60056
4. NAICS Code 333318		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0.00		COMMON	\$0.00
10. Shares Issued Check the box to indicate an attachment ☐					
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 Joseph D. Moore				Date 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

JUL 07 2021
BY DEF55
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FORM 630 - Revised: 08/2020