



**State of Rhode Island**  
**Department of State - Business Services Division**

**FILED**

APR 29 2025

BY

*Handwritten signature*

Annual Report for the year: 2025

Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                                |  |                                                                                                                                          |                            |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|
| 1. Entity ID Number<br><b>000846731</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>BATTERY TECHNOLOGY HOLDINGS, LLC</b>                                                |                            |                     |
| 3. NAICS Code<br><b>541690</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership and licensing of intellectual properties</b> |                            |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                   |  |                                                                                                                                          |                            |                     |
| 6. Principal Office Address<br><b>56 Green Lane</b>                                                                                                                                                            |  | City<br><b>Jamestown</b>                                                                                                                 | State<br><b>RI</b>         | Zip<br><b>02835</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                          |                            |                     |
| Contact Name<br><b>Andrew Kallfelz</b>                                                                                                                                                                         |  | Contact Title<br><b>Member</b>                                                                                                           |                            |                     |
| Street Address<br><b>56 Green Lane</b>                                                                                                                                                                         |  | City<br><b>Jamestown</b>                                                                                                                 | State<br><b>RI</b>         | Zip<br><b>02835</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                                          |                            |                     |
| 9. <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 Person<br><b>Andrew Kallfelz</b>                                                                                                                                                            |  |                                                                                                                                          | Date<br><b>24 Feb 2025</b> |                     |
| Signature of Authorized Person<br><i>Handwritten signature</i>                                                                                                                                                 |  |                                                                                                                                          |                            |                     |

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
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