

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

ubject to a penalty fee of \$25.0			***				
1. Corporate ID No.	, ,	vame of Corporation					
82361	<u> Linda's</u>	Corp.					
3. Street Address Principal Business Office 11 <b>45 Main Street, Suite</b> #3			Pawtucket	RI	02860		
		5. State of Incorporation Rhode Island					
6. Brief Description of the Cha	racter of Business Conduc	ted in Rhode Island					
The acqui	sition of	real estate CERS: ("X" BOX FOR ATTA	<i>CHMENT)</i>   FILL IN	SPACES BEFORE USING A	ATTACHMENTS		
President Name			Vice President Name				
Stefania M. MArdo			None				
Street Address	<del></del>		Street Address				
1145 Main Street, St				<del></del>	·		
City Pawtucket	State RI	<sup>Zip</sup> 02860	City	State	Zip		
Secretary Name			Treasurer Name				
Stefania M. Mardo			Stefania M. Mardo				
Street Address	·		Street Address 1145 Main Street, Suite #3				
city Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	<sup>Zip</sup> 02860		
B. NAMES AND ADDRE	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) [ FILL	IN SPACES BEFORE USING	G ATTACHMENTS		
Director Name			Director Name		<u> </u>		
Street Address		Street Address		2000 C. F.			
City	State	Zip	City	State	<b>季</b>		
Director Name			Director Name 65				
Street Address	Street Address		Street Address		<b>3</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			<u>:</u>		<b>15</b> 200 15		
City	State	Zip	City	State			
). SHARES AUTHORIZ	FD	I	10. SHARES ISSUE	 D <i>("X" BOX FOR ATTACH</i>	MENT) □ ··· 、		
	m no par v	ra lua		SECTION MUST BE COMPLETED			
•	-		Number of Shares	Class/Series	Par Value		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		100	Common	No par va			
This 1			d representative If the	a compression is in the bands	of a receiver or trustee		
		ne corporation by an authorize corporation by the receiver		e corporation is in the names	s of a fectivel of flustee,		
uns report must be exec	cuted on benan of th	e corporation by the receiver	or trustee.				
			I I-d manalaa	.f	hat I have examined this rev		
			Under penalty o	of perjury, I declare and affirm to ecompanying schedules and sta	naci nave examined this rej		

File Date FILED	
MAR 0 6 2009  By: By Secretary OF STATE USE ONLY	-1

Under penalty of perjury, I declare:	ind affirm that I have ex	amined this report
including any accompanying sched	ules and statements, and	that all statement
contained berein are true and correct	et.	
Meking	n Minell	1210
Signature	Date	

		<u> </u>	·
Stofania	М	Mardo	
Print or Type Name		,,,,,,,,,	

President Title

Signature