



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>691987</b>		2. Exact name of the Corporation <b>PDF Systems, Inc.</b>							
3. Principal office address <b>55 John Clarke Rd</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>					
4. Business Phone No. <b>401-619-4059</b>		5. State of Incorporation <b>NY</b>							
6. Brief description of the character of business conducted in Rhode Island <b>Business application computer systems</b>									
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>									
President Name <b>Steven Hagen</b>			Vice-President Name <b>Thomas L. Fulton</b>						
Street Address <b>10 Sarah Dr</b>			Street Address <b>69 Atlantic Ave</b>						
City <b>Princeton Jct</b>	State <b>NJ</b>	Zip <b>08550</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>				
Secretary Name <b>Thomas L. Fulton</b>			Treasurer Name <b>Thomas L. Fulton</b>						
Street Address <b>Same as above</b>			Street Address <b>Same as above</b>						
City	State	Zip	City	State	Zip				
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>									
Director Name <b>N/A</b>			Director Name <b>N/A</b>						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
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.									
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
						<b>SEH 350</b>	<b>A</b>	<b>No par value</b>	
<b>TLF 350</b>		<b>A</b>	<b>No par value</b>						

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_ BY \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JUN 14 2013**

**5847**

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.

**Thomas L. Fulton**  
Signature of Authorized Representative

**6/13/2013**  
Date

**Thomas L. Fulton**  
Print or Type Name of Authorized Representative