

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

2013 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

Filing Fee: \$50.00 • FAIL	URE TO FILE 1	THIS REPORT BY M	ARCH 31	WILL RESU	LT IN A	\$25.00 PENAL	TY FEE.	
1. Entity ID No.	2. Exact name of	f the Corporation						
691987	PDF	Systems,	Inc					
3. Principal office address			City			State	Zip	
55 John Clarke Rd			Ma	dd(eta	w	121	02842	
4. Business Phone No.				5. State of Incorporation				
401-619-4059				NY				
6. Brief description of the charact								
Business appli	roution cou	upoter syste	3WS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT				TACHMENT)				
President Name				Vice-President Name				
Steven Hagen			Thomas L. Fulton					
Street Address				Street Address				
City State Zip				69 Atlantic Ave				
Princeton Jct	State Zip			City D State Zip				
Frinceton Jet	NJ	08550		ortsmou	th	<u> </u>	02871	
Secretary Name Thomas L. Fulton				Treasurer Name				
Street Address			Thomas L. Fulton Street Address					
Same as above								
City	State	Zip	City	same	C-R	State	Zip	
, o.i.,	J State	-"P	Jointy 1			Otato	ĽΨ	
8. LIST ALL DIRECTORS (NAME	ES AND ADDRES	SES) ("X" BOX FOR A	TTACHME	NT)				
Director Name	Director N							
N/A				I N/A				
Street Address				Street Address				
City	State	Zip	City	-		State	Zip	
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip	City	<u></u>		State	Zip	
J.,	Ciaio	214	Oily			State	Z P	
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)								
			NUMBER OF		CLASS/SE		PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.		SEH	350	A		No par value		
See Section 9 of Instruction she	et.		TLF	350	A		No par value	
This report must be executed on a	habalf of the corne	ration by an authorized			ļ	is is the bands of		
		executed on behalf of t					a receiver or trustee,	
File Date		FILED	Under p	nder penalty of perjury, I declare and affirm that I have examined his report, including any accompanying schedules and statements,				
Check No JUN 1 4 20		JUN 1 4 2013	and that all statements contained herein are true and correct. (1 here Litter 6/13/2013					
By:			Signature of Authorized Representative Date					
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Representative					
orm No. 630				الا مارانية ، مطرر .		- TOPI COCITATIVE	•	

Revised: 01/2012