



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.<br><b>000524763</b>  |                    | 2. Exact name of the Corporation<br><b>Linden Technology, Inc</b> |  |                     |                     |                  |              |           |
| 3. Principal office address<br><b>34 Ridge Road</b>   |                    | City<br><b>East Greenwich</b>                                     | State<br><b>RI</b>                         | Zip<br><b>02818</b> |                     |                  |              |           |
| 4. Business Phone No.<br><b>401-885-4261</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>                  |  |                     |                     |                  |              |           |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Computer Sales and Service and any other Legal Business</b>                 |                    |   |  |                     |                     |                  |              |           |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>   |                    |   |  |                     |                     |                  |              |           |
| President Name<br><b>Peter Linden</b>   |                    |   | Vice-President Name<br><b>Peter Linden</b> |                     |                     |                  |              |           |
| Street Address<br><b>37 Ridge Road</b>  |                    |   | Street Address<br><b>37 Ridge Road</b>     |                     |                     |                  |              |           |
| City<br><b>East Greenwich</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>East Greenwich</b>              | State<br><b>RI</b>  | Zip<br><b>02818</b> |                  |              |           |
| Secretary Name<br><b>Peter Linden</b>   |                    |   | Treasurer Name<br><b>Peter Linden</b>      |                     |                     |                  |              |           |
| Street Address<br><b>37 Ridge Road</b>  |                    |   | Street Address<br><b>37 Ridge Road</b>     |                     |                     |                  |              |           |
| City<br><b>East Greenwich</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>East Greenwich</b>              | State<br><b>RI</b>  | Zip<br><b>02818</b> |                  |              |           |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |  |                     |                     |                  |              |           |
| Director Name   |                    |   | Director Name                              |                     |                     |                  |              |           |
| Street Address  |                    |   | Street Address                             |                     |                     |                  |              |           |
| City  | State              | Zip   | City                                       | State               | Zip                 |                  |              |           |
| Director Name   |                    |   | Director Name                              |                     |                     |                  |              |           |
| Street Address  |                    |   | Street Address                             |                     |                     |                  |              |           |
| City  | State              | Zip   | City                                       | State               | Zip                 |                  |              |           |
| 9. SHARES AUTHORIZED  |                    |   |  |                     |                     |                  |              |           |
| 10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>  |                    |   |  |                     |                     |                  |              |           |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |   |  |                     |                     |                  |              |           |
|   |                    |   |  |                     |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|   |                    |   |  |                     |                     | 500              | CWP          | .01       |

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.

FILED  
OCT 08 2013  
BY **02207732**

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.

Signature of Authorized Representative

Date

**PETER LINDEN, President**  
Print or Type Name of Authorized Representative