



**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** 2014

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>116091</b>		2. Exact name of the Corporation <b>Landon Technology Group, Inc.</b>				
3. Principal office address <b>P.O. Box 1007</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
4. Business Phone No. <b>(401) 269-1122</b>			5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Engage in a computer consulting company to provide consulting services, network design and implementation software consulting and training.</b>						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name <b>Peter J. Gill</b>			Vice-President Name <b>Edward N. Cabral</b>			
Street Address <b>158 Sage Trail</b>			Street Address <b>same as above</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip	
Secretary Name <b>Edward N. Cabral</b>			Treasurer Name <b>Peter J. Gill</b>			
Street Address <b>same as above</b>			Street Address <b>same as above</b>			
City	State	Zip	City	State	Zip	
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 type="checkbox"/>			
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
				1500	common	\$1.00

*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: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

**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.**

JAN 23 2014  
10054

*Peter J. Gill* 1/21/14  
Signature of Authorized Representative Date

**Peter J. Gill, President**

Print or Type Name of Authorized Representative