



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>20829</b>		2. Exact name of the Corporation <b>Linde Inc.</b>		
3. Principal office address <b>575 Mountain Avenue</b>		City <b>Murray Hill</b>	State <b>NJ</b>	Zip <b>07974</b>
4. Business Phone No. <b>800-232-4726</b>		5. State of Incorporation <b>Delaware</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Industrial Gas Manufacturer</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Patrick Murphy</b>		Vice-President Name <b>CFO - Jens Luhning</b>		
Street Address <b>575 Mountain Avenue</b>		Street Address <b>575 Mountain Avenue</b>		
City <b>Murray Hill</b>	State <b>NJ</b>	Zip <b>07974</b>	City <b>Murray Hill</b>	State <b>NJ</b>
Secretary Name <b>VP General Counsel/Secretary - Mark Weller</b>		Treasurer Name <b>NA</b>		
Street Address <b>575 Mountain Avenue</b>		Street Address		
City <b>Murray Hill</b>	State <b>NJ</b>	Zip <b>07974</b>	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Patrick Murphy</b>		Director Name <b>Jens Luhning</b>		
Street Address <b>575 Mountain Avenue</b>		Street Address <b>575 Mountain Avenue</b>		
City <b>Murray Hill</b>	State <b>NJ</b>	Zip <b>07974</b>	City <b>Murray Hill</b>	State <b>NJ</b>
Director Name <b>Mark Weller</b>		Director Name <b>NA</b>		
Street Address <b>575 Mountain Avenue</b>		Street Address		
City <b>Murray Hill</b>	State <b>NJ</b>	Zip <b>07974</b>	City	State
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 <b>0</b>		CLASS/SERIES		PAR VALUE <b>\$1.00</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.

Filing Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY

**FILED**

JAN 11 2016

By 264994

A.A. 12:00 pm

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

Don Crisp  
Print or Type Name of Authorized Representative