



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JAN 11 PM 12:05

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.

[Signature] 11-23-15
 Signature of Authorized Representative Date
 Dan Crisp
 Print or Type Name of Authorized Representative

FILED

JAN 11 2016

By 204994
 A.A. 12:00 pm