

2 Name of Corporation

1. Corporate ID No.

54613

3. Street Address Principal Business Office 1713 Smith RVE

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401 222 3040

02828

RI

DATALINK, INC

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009.

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.1. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.1. 7-1.2-1501(e) dissubject to a penalty fee of \$25.00.

GRENVILLE

4. Business Phone No.		5. Mate of Incorporation				
401-949-25 b. Brief Description of the Character of	5 ス ス	RHODE ISLAND				
is. Brief Description of the Character o	f Business Conducted in Rh	vale Bland				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name	\		
PETER N. TRATAMIARO			HONE			
Street Address 110 PARIS IRANS ROAD			Street Address			
€lty	State	Ζψ	City	State	Zip	
CHEPACHET	RI	02814	!			
Secretary Name			Treasurer Name			
None			None			
Short Address			Street Address			
	T :	I.e.				
City	State	Ziμ	(Cit):	State	Ζιφ	
8. NAMES AND ADDRESSES	 OF THE DIRECTORS	. /"Y" BAY EAD 4TT	; ACHMENT) 🗀 EUL IN	E SDACES REEADE TSIN	EG ATTA CHMHNTPS	
Director Name		ii (A BUA FUR AII	Director Vanne			
Non€			HONE			
Street Address			Street Address			
City:	State	Ζψ	City	State	Zφ	
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Director Name	J	J	Director Name			
NONE			LONE			
Street Address			Street Address			
Chy	State	$Z\psi$	C θψ	State	Zip	
				į		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	Ulass Series	Par Value	
			1			
			NONE			
			<u></u>			
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the o	corporation is in the hand	ds of a receiver or trustee.	
this report must be executed of	on behalf of the corpo	ration by the receiver	or trustee.			
			Under penalty of a	periury. I declare and affirm	that I have examined this report.	
				· · ·	tatements, and that all statements	
1/ 0-	- 0		contained herein a	ire true and correct.		
File Date	-()9		ZHU N.	ATATAN IN IN	4.29.09	
277/ Signature Date						
Check No. 33	<i>21</i>		Dates	FOOTANTA	06	
	nnai		Print on Trong Name	" IKITIRIVIA	TRO	
By:	VIV	Print or Type Name				
FOR SECRETARY OF STA	ATE USE ONLY		PREZIT	784/		
]	Title		Form 630 Rev. 08/08	
					TOTAL CONTINUES. MICH	