



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. 000153495		2. Exact name of the Corporation A Missing Link, Inc.			
3. Principal office address 31 Charon Drive		City North Smithfield	State RI	Zip 02896	
4. Business Phone No. 401-658-3800		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Human Resource Consulting					
7. LIST ALL OFFICERS (NAME AND ADDRESS) (SEE INSTRUCTIONS) (CHECK ONE)					
President Name Kim McCauley			Vice-President Name		
Street Address 31 Charon Drive			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Kim McCauley			Treasurer Name Kim McCauley		
Street Address 31 Charon Drive			Street Address 31 Charon Drive		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (SEE INSTRUCTIONS) (CHECK ONE)					
Director Name Kim McCauley			Director Name		
Street Address 31 Charon Drive			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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	
500.00		STK		\$0.0100	

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

FEB 12 2014

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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.

Kim McCauley
 Signature of Authorized Representative _____ Date _____

Kim McCauley
 Print or Type Name of Authorized Representative