



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. 000105030		2. Exact name of the Corporation CONCEPT LINK, LTD			
3. Principal office address 355 SOUTH WATER ST		City Providence		State RI	Zip 02903
4. Business Phone No. 401-273-0535		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GRAPHIC DESIGN, DIGITAL PRINTING + WEB RELATED SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name NABEEM SABI			Vice-President Name		
Street Address 355 SOUTH WATER ST			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name SYED H. ASKARI			Director Name		
Street Address 355 SOUTH WATER ST			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name TIMOTHY DAHMER			Director Name		
Street Address 355 SOUTH WATER ST			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			5000 / 1200	GNP	0

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

FILED

JUL 18 2014

By: 008774

A.A. 12:30pm

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
SYED H. ASKARI

Date
7/18/14

Print or Type Name of Authorized Representative