



Department of State - Business Services Division

Annual Report for the year: 2017 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000128050		2. Exact name of the Corporation Food Links, Inc.			
3. Principal Office Address 11 Northup Plat Road			City Coventry	State RI	Zip 02816
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island The Selling of Various Deli and Food Items			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Melanie S. Linkevich			Vice-President Name None		
Street Address 11 Northup Plat Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Melanie S. Linkevich			Treasurer Name Richard F. Linkevich		
Street Address 11 Northup Plat Road			Street Address 11 Northup Plat Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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 Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		100		NO PAR	
11. 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. 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.					
Name of Authorized Representative <i>Melanie Linkevich</i>					Date <i>3-12-17</i>
Signature of Authorized Representative <i>Melanie Linkevich</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAR 15 2017
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