



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Corporation

2017

→ 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 000792523		2. Exact name of the Corporation Charity Link Inc.	
3. Principal Office Address 3661 West Shore Road		City Dorwick	State RI
Zip 02886		6. Brief description of the character of business conducted in Rhode Island marketing	
4. NAICS Code 81	5. State of Incorporation RI		
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Donald R. Lemons		Vice-President Name	
Street Address 163 Legris Avenue		Street Address	
City West Warwick	State RI	City	State
Zip 02891		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name SAA		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 100	CLASS/SERIES 00100
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. <b>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.</b>			
Name of Authorized Representative Donald R. Lemons		Date 3/30/2017	
Signature of Authorized Representative		FILED APR 03 2017 BY 2700 DS	

MAIL TO:  
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