



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
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 88859		2. Exact name of the Corporation ALVITI-LINK-ALL, INC.			
3. Principal Office Address 165 DYERVILLE AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 333120		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE MACHINERY FOR JEWELRY AND JEWELRY RELATED INDUSTRIES.			
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 LUCILLE ALVITI			Vice-President Name ROBERT AMARAL		
Street Address 165 DYERVILLE AVENUE			Street Address 165 DYERVILLE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name LUCILLE ALVITI			Treasurer Name LUCILLE ALVITI		
Street Address 165 DYERVILLE AVENUE			Street Address 165 DYERVILLE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SHARES	PAR VALUE
			100	COMMON	NO PAR VALUE
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 Lucille Alviti					Date 1/26/18
Signature of Authorized Representative 			SIGN DOCUMENT FILED		

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

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JAN 29 2018 02

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