



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 OCT 15 PM 1:10

1. Entity ID Number 001694975		2. Exact name of the Corporation CommLink Integration Corporation												
3. Principal Office Address 15 Tech Circle			City Natick	State MA	Zip 01760									
4. NAICS Code 517000		6. Brief description of the character of business conducted in Rhode Island Structured Data Cabling and Audio/Video Integration												
5. State of Incorporation Massachusetts														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Eric Morgani			Vice-President Name Evan Landry											
Street Address 306 Ash Street			Street Address 334 Orchard Street											
City Reading	State MA	Zip 01867	City Millis	State MA	Zip 02054									
Secretary Name Evan Landry			Treasurer Name Eric Morgani											
Street Address 334 Orchard Street			Street Address 306 Ash Street											
City Millis	State MA	Zip 02054	City Reading	State MA	Zip 01867									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10,000</td> <td>CNP</td> <td>\$0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10,000	CNP	\$0			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		10,000	CNP	\$0										
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 Eric Morgani					Date 10/7/21									
Signature of Authorized Representative 														

FILED**OCT 15 2021**

BY
1:12

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

FORM 630 - Revised: 08/2020