

State of Rhode Island

Department of State - Business Services Division

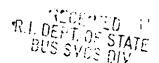
Annual Report for the year: 2021

Corporation

→ Filing period. January 1 - March 1

→ Filing Fee. \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1



2021 OCT 15 PM 1: 10

Entity ID Number	2. Exact name of the Corporation						
001694975	CommLink Integration Corporation						
3. Principal Office Address		_	City		State	Zip	
15 Tech Circle			Natick		MA	01760	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
517000	Structured Data Cabling and Audio/Video Integration						
5. State of Incorporation	1	•		ū			
Massachusetts	1						
7. List ALL officers (names and ac	ldresses)	·			k the box to indi	cate 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	^{Zıp} 01867	City Millis		State MA	^{Zıp} 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	State MA Zip 01867	
8 List ALL directors (names and a	addresses)		. <u> </u>	Chec	ck the box to indi	cate an attachment	
Director Name None			Director Nam	Director Name			
Street Address			Street Address				
Cıty	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Shares Authorized	<u> </u>	10. Shares Iss	<u> </u>	cd Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			CLASS/SERIES PAR VALUE		
		10,000		CNP	!	\$0	
				+			
11 This report must be executed	on behalf of the	corporation by an a	authorized renre	Lesentative If the con	poration is in the	hands of a receiver or	
trustee, this report must be execu	ted on behalf of	the corporation by	the receiver or	trustee.			
Under penalty of perjury, I deci				including any acc	ompanying sch	edules and	
statements, and that all statements and that all statements. Name of Authorized Representation		nerein are true ar	iu correct.		Date	<u> </u>	
Eric Morgani					10/	7/21	
Signature of Authorized Represer	tative	<u> </u>		FILED)	-/	
Lu /		· ·					

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov OCT 15 2021

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FORM 630 - Revised: 08/2020