



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED
APR 20 2023
 BY *YOM*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|--|--------------------|--|---|---------------------------|---------------------|
| 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 424410 | | 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 | | | 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/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. <i>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.</i> | | | | | |
| Name of Authorized Representative Melanie S. Linkevich | | | | Date 04/10/2022 | |
| Signature of Authorized Representative <i>Melanie Linkevich</i> | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov