



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
FEB 08 2024
BY: *[Signature]*
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000027870		2. Exact name of the Corporation LINKS, INC. (Laymen in North Kingstown Schools)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Volunteer Educational Services within North Kingstown Public Schools.			
4. NAICS Code 611110					
6. Principal Office Address 50 East Court			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy Champagne			Vice-President Name		
Street Address 99 Wills Swamp Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name David Aubin			Treasurer Name Alanna Swanson		
Street Address 14 Marion Avenue			Street Address 227 Seabreeze Drive		
City Cranston	State RI	Zip 02905	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input checked="" type="checkbox"/>					
Director Name Nancy Champagne			Director Name Alanna Swanson		
Street Address 99 Wills Swamp Road			Street Address 227 Seabreeze Drive		
City West Greenwich	State RI	Zip 02817	City North Kingstown	State RI	Zip 02852
Director Name David Aubin			Director Name Tara Chace		
Street Address 14 Marion Avenue			Street Address 24 Wampanoag Circle		
City Cranston	State RI	Zip 02905	City North Kingstown	State RI	Zip 02852
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Tracy Wilkinson - Registered Agent.				Date 6th Feb 2024	
Signature of Officer/Authorized Representative <i>Tracy Wilkinson</i>					

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

ENTITY NAME: LINKS, INC. (Laymen in North Kingstown Schools)

ENTITY NUMBER: 027870

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name Director Name Street Address Street Address City State

Director Name	Kathleen O'Brien		Director Name	Ellen Grennan	
Street Address	18 Lexington Avenue		Street Address	51 Jenkins Court	
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852
Director Name	Tracy Wilkinson				
Street Address	72 Pine Tree Circle				
City	State	Zip			
North Kingstown	RI	02852			

FILED

FEB 08 2024

BY: 