RI SOS Filing Number: 202209990560 Date: 2/8/2022 4:00:00 PM

State of Rhode Island

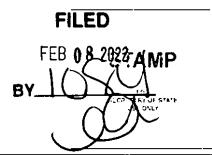
Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2022

→ Filing period: February 1 - May 1 → Filing Fee \$20.00

-> Penalty. Additional \$25.00 fee if form is not filed by May 31.



							
1. Entity ID Number	2. Exact name of the Corporation						
000027870	LINKS, INC. (Laymen in North Kingstown Schools)						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	Volunteer Educational Services within North Kinstown Public Schools.						
4. NAICS Code							
611110 - Elementary and Seco							
6. Principal Office Address			City	State	Zip		
50 East Court			North Kingstown	RI	02852		
7, List ALL officers (names and add			Chec	k the box to indicate	an attachment		
President Name Nancy Champa	agne		Vice-President Name				
Street Address 99 Wills Swamp Road			Street Address				
City West Greenwich	State RI	^{7ip} 02817	City	State	Zıp		
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 ad	ddresses). RI Corp	orations MUST lis	st at least THREE directors Chec	ck the box to indicate	an attachment 🗹		
Director Name Nancy Champagne			Director Name Alanna Swanson				
Street Address 9 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 Marion Avenue			Street Address 24 Wampanoag Circle				
^{City} Cranston	State RI	^{Zip} 02905	Cily North Kingstown	State RI	^{Zip} 02852		
9. The Registered Agent information	n of record with th	e RI Department o	of State is accurate. Changes require	filing Form 641.			
Under penalty of perjury, I decla statements, and that all stateme			f this report, including any accomp correct.	panying schedule	s and		
This report must be signed by either the Pre-	sident, Vice-President, S	Secretary, Assistant Se	cretary, Treasurer, duly Authorized Representat	ive, Receiver or Trustee) .		
Name of Officer/Authorized Repres	Date						
Tracy Wilkinson - Register	3rd February 2022						
Signature of Officer/Authorized Rep	_	•					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov **ENTITY NAME: --**

LINKS, INC. (Laymen in North Kingstown Schools)

ENTITY NUMBER:

027870

8. List Al.L 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	Tracy Wilkinson		Director Name	Brenda Ricci 180 Plain Road	
Street Address	72 Pine Tree Circle		Street Address		
City	State	Zip	City	State	Zip
North Kingstown	_ RI	02852	North Kingstown	RI	02852
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

FILED

Annual Return 2022 Form 631 (continued)