RI SOS Filing Number: 202328454200 Date: 2/9/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

2023

-> Filing period: February 1 - May 1

-> Filing Fee: \$20.00

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

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Entity ID Number	2. Exact name of the Corporation						
000027870	LINKS, INC. (Laymen in North Kingstown Schools)						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Volunteer Educational Services within North Kingstown Public Schools.						
4. NAICS Code							
611110 - Elementary and Seco							
6. Principal Office Address	<u> </u>		City	State	Zip		
50 East Court			North Kingstown	RI	02852		
7. List ALL officers (names and add			CI	neck the box to indicate	an altachment 🔲		
President Name Nancy Champagne			Vice-President Name				
Street Address 99 Wills Swamp Road			Street Address				
City West Greenwich	State RI	^{Žip} 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	^{Zıp} 02905	^{City} North Kingstown	State RI	^{Zip} 02852		
8. List ALL directors (names and a	ddresses). RI Corp	orations MUST lis	st at least THREE directors.	heck the box to indicat	e an attachment		
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	^{Z_{ip}} 02852		
Director Name David Aubin			Director Name Tara chace				
Street Address 14 Marion Avenue			Street Address 24 Wampanoag Circle				
City 14 Marion Avenue	State RI	^{Ζφ} 02905	^{City} North Kingstown	State RI	^{Z₁p} 02852		
9. The Registered Agent information	on of record with th	e RI Department	of State is accurate. Changes requ	iire filing Form 641.			
Under penalty of perjury, I decla statements, and that all stateme				mpanying schedul	es and		
This report must be signed by either the Pre	sident, Vice-President, .	Secretury, Assistant Se	cretary, Treasurer, duty Authonzed Represe.	ntative, Receiver or Truste	e		
Name of Officer/Authorized Repre Tracy Wilkinson - Registe	7th February 2023						
Signature of Officer/Authonzed Re	presentative	Tray W.	<i>i</i>		<u></u>		

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	Tracy Wilkinson		Director Name	Brenda Ricci	
Street Address	72 Pine Tree Circle		Street Address	180 Plain Road	
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	ⁱ RI	02852	North Kingstown	RI	02852

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