THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Form PC

Attorney General's Account #: 057198
Federal ID #: 47-1840355
Electronic Payment Confirmation #: 226001

When did the organization first engage in charitable work in Massachusetts? 9/10/2014
Has the organization applied for or been granted IRS tax exempt status? Yes [X] No [ ]
IRS Exemption under 501(c):
3
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes [X] No [ ]

Organization Data
Name: FOOD LINK, INC.
Mailing Address: 17 BRATTLE STREET UNIT 17
City: ARLINGTON
State: MA Zip: 02476
Phone Number: 781-819-4225 Fax Number: 
Email: INFO@FOODLINKMA.ORG Website: WWW.FOODLINKMA.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (Table 1)</td>
<td>9</td>
<td>Organization Purpose Code 1</td>
<td>30</td>
</tr>
<tr>
<td>Type of Organization (Table 2)</td>
<td>11</td>
<td>Organization Purpose Code 2</td>
<td></td>
</tr>
</tbody>
</table>

Please check box if final return prior to dissolution: 

Form PC Rev. 11/2016
1. On what date was the organization created?  6/10/2014

2. Where was the organization created?  MASSACHUSETTS

3. What is the form of organization? (check one)
   - Corporation  X
   - Testamentary Trust  
   - Unincorporated Association  
   - Inter Vivos Trust  
   Other (please describe):  

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No

5. Enter your summary of financial data:

<table>
<thead>
<tr>
<th>Financial Data</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contributions, gifts, grants, and similar amounts received</td>
<td>2,018,502</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>2,030,342</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>1,301,038</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>157,540</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>120,165</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td>0</td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>1,578,743</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>1,274,478</td>
</tr>
</tbody>
</table>

6. List the total compensation you provided to your five highest paid employees:

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Hrs/Week</th>
<th>Salary and Other Income</th>
<th>Benefit Plans</th>
<th>Other Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. KATHY MULVANEY</td>
<td>40</td>
<td>64,184</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. ELISE SPRINGUEL</td>
<td>40</td>
<td>59,613</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. PETER LO</td>
<td>40</td>
<td>38,870</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. ALEXANDRA KRAMER</td>
<td>40</td>
<td>37,233</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. JODIE SMITH</td>
<td>40</td>
<td>16,197</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No
8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Amount of Compensation</th>
<th>Type(s) of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. REVERSE ARCHITECTURE</td>
<td>241,265</td>
<td>ARCHITECTURAL SERVICES</td>
</tr>
<tr>
<td>2. SILVER BIRCH CONSULTING</td>
<td>52,481</td>
<td>GRANT WRITING &amp; FUNDRAISING CONSULTING</td>
</tr>
<tr>
<td>3. BJHC &amp; CO.</td>
<td>12,000</td>
<td>AUDIT &amp; TAX SERVICES</td>
</tr>
<tr>
<td>4. LARRY SLOTNICK</td>
<td>8,000</td>
<td>CONSULTANT</td>
</tr>
<tr>
<td>5. DAIN TORPY</td>
<td>5,000</td>
<td>LEGAL SERVICES</td>
</tr>
</tbody>
</table>

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

<table>
<thead>
<tr>
<th>Bank</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBRIDGE SAVINGS BANK</td>
<td>1374 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138</td>
<td>(888) 418-5626</td>
</tr>
<tr>
<td>BROOKLINE BANK</td>
<td>P.O. BOX 470469 BROOKLINE, MA 02447-0469</td>
<td>(887) 668-2265</td>
</tr>
<tr>
<td>LEADER BANK</td>
<td>180 MASSACHUSETTS AVENUE ARLINGTON, MA 02474</td>
<td>(781) 648-3900</td>
</tr>
</tbody>
</table>

SEE ATTACHED STATEMENT FOR ADDITIONAL BANK ACCOUNTS

10. What is the organization's accounting method? [ ] Cash [X] Accrual
    [ ] Other (specify): ____________________________

11. If organization's mailing address is a P.O. Box, list the organization's full street address:
    Address: ______________________________________
    City: ______________________________ State: __________ Zip Code: ______________

12. Contact Person Name: DEANNE DUPONT
    Street Address: 17 BRATTLE STREET, UNIT 17
    City: ARLINGTON State: MA Zip Code: 02476
    Phone Number: (781) 819-4225
13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  
   X Yes   □ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  
   X Yes   □ No
   If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming and exemption from the solicitation certificate requirement, please indicate by checking the box to the right which exemption applies to your organization.

   [ ] a religious organization
   [ ] an organization which: (a) does not raise more than $5,000 during a calendar year or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.  
   N/A

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.  
   SEE ATTACHED

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds, distribution of funds, fundraising, and custody of financial records.  
   SEE ATTACHED

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  
   □ Yes   X No
   If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.
FOOD LINK, INC.

20. Has this organization or any of its officers, directors, or employees:  
   *If yes, please attach an explanation.*

   (a) Been enjoined or otherwise prohibited by a government agency/court from  
       operating or soliciting contributions?  
       □ Yes  ☑ No

   (b) Ever been refused registration or had its registration or tax exemption denied,  
       suspended, modified or revoked by a governmental agency?  
       □ Yes  ☑ No

   (c) Been the subject of a proceeding regarding any solicitation or registration?  
       □ Yes  ☑ No

   (d) Entered into a voluntary agreement of compliance or consent judgment with, any  
       government agency or in a case before a court or administrative agency?  
       □ Yes  ☑ No

21. Have any restrictions been removed during the year from donor-restricted funds?  
   *If yes, please attach an explanation.*

       □ Yes  ☑ No

22. Have donor-restricted funds been loaned to unrestricted funds?  
   *If yes, please attach an explanation.*

       □ Yes  ☑ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with  
    certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised  
    to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

   (a) Did you make actual payments or otherwise transfer value under such an  
       arrangement to any individual described in Related Party definition,  
       sections (a) or (b), which payments are not reported in Question 6 or 7 above?  
       □ Yes  ☑ No

   (b) Do you have an agreement with any individual described in Related Party  
       definition, sections (a) or (b), containing such an agreement?  
       □ Yes  ☑ No

   *If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s)  
   involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*
24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

<table>
<thead>
<tr>
<th>A. Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Has your organization leased assets to or leased assets from a related party?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>C. Has your organization been indebted to a related party?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>D. Has your organization allowed a related party to be indebted to it?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E. Has your organization made or held an investment in a related party?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F. Has your organization furnished goods, services, or facilities to a related party?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G. Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I. Has your organization transferred income or assets to or for use by a related party?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>J. Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>K. Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>L. Is any property of the organization held in the name of or commingled with the property of any other person or organization?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>M. Did your organization make a grant award or contribution to any other organization in which any of its organization's officers, directors or trustees has a relationship?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachment, is true and correct to the best of my knowledge.

Signature: DeAnne Dupont

Date: 8/21/20

Printed Name: DeAnne Dupont

Title: President

Name of Preparer: Bernard, Johnson, Hagan, Couto & Co

Address: 15 Main Street

City: Topsfield State: MA Zip Code: 01983

Phone Number: 978-887-2220
Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

<table>
<thead>
<tr>
<th>Activity</th>
<th>bool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Mailing</td>
<td>X</td>
</tr>
<tr>
<td>Door-to-door</td>
<td></td>
</tr>
<tr>
<td>Entertainment event</td>
<td>X</td>
</tr>
<tr>
<td>Telemarketing without sale of goods or ads</td>
<td></td>
</tr>
<tr>
<td>Telemarketing with sale of goods</td>
<td></td>
</tr>
<tr>
<td>Telemarketing with sale of ads</td>
<td></td>
</tr>
<tr>
<td>Via the Internet</td>
<td>X</td>
</tr>
<tr>
<td>Raffle, beano, bingo or gaming event</td>
<td></td>
</tr>
<tr>
<td>Sale of goods other than by telephone</td>
<td></td>
</tr>
<tr>
<td>Individual Mailings</td>
<td>X</td>
</tr>
<tr>
<td>Corporate solicitations</td>
<td>X</td>
</tr>
<tr>
<td>Grant Proposals</td>
<td>X</td>
</tr>
</tbody>
</table>

☐ Other (specify): __________________________________________

Identify the method or methods you expect to use for the fundraising (check all that apply):

<table>
<thead>
<tr>
<th>Method</th>
<th>bool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional solicitor*</td>
<td></td>
</tr>
<tr>
<td>Own employees</td>
<td>X</td>
</tr>
<tr>
<td>Professional fundraising counsel*</td>
<td>X</td>
</tr>
<tr>
<td>Volunteers</td>
<td>X</td>
</tr>
<tr>
<td>Commercial co-venturer*</td>
<td></td>
</tr>
</tbody>
</table>

* Provide applicable names and addresses:

Professional Solicitor Name__________________________
Address
City __________________________ State ________ Zip Code __________

Professional Fundraising Counsel Name: SILVER BIRCH CONSULTING, LLC
Address 20 EVERETT STREET, SUITE 2
City ARLINGTON State MA Zip Code 02474

Commercial Co-Venturer Name: ________________________
Address
City __________________________ State ________ Zip Code __________
Identify the individuals who will have final responsibility for the charity's custody of contributions:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEANNE DUPONT</td>
<td>17 BRATTLE STREET, UNIT 17</td>
<td>ARLINGTON</td>
<td>MA</td>
<td>02476</td>
</tr>
<tr>
<td>JULIANNA KREMER</td>
<td>17 BRATTLE STREET, UNIT 17</td>
<td>ARLINGTON</td>
<td>MA</td>
<td>02476</td>
</tr>
<tr>
<td>GEOFFREY MYRUS</td>
<td>17 BRATTLE STREET, UNIT 17</td>
<td>ARLINGTON</td>
<td>MA</td>
<td>02476</td>
</tr>
</tbody>
</table>

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Address</th>
<th>City</th>
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</tr>
<tr>
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<td>17 BRATTLE STREET, UNIT 17</td>
<td>ARLINGTON</td>
<td>MA</td>
<td>02476</td>
</tr>
</tbody>
</table>
Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

____________________________________________________________________________________________________________________________________________________

Types of solicitation activities in which you expect to engage (check all that apply):

<table>
<thead>
<tr>
<th>Mass Mailing</th>
<th>☒</th>
<th>Via the Internet</th>
<th>☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door-to-door</td>
<td></td>
<td>Raffle, beano, bingo or gaming event</td>
<td></td>
</tr>
<tr>
<td>Entertainment event</td>
<td></td>
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</tr>
<tr>
<td>Telemarketing without sale of goods or ads</td>
<td></td>
<td>Individual Mailings</td>
<td>☒</td>
</tr>
<tr>
<td>Telemarketing with sale of goods</td>
<td></td>
<td>Corporate solicitations</td>
<td>☒</td>
</tr>
<tr>
<td>Telemarketing with sale of ads</td>
<td></td>
<td>Grant Proposals</td>
<td>☒</td>
</tr>
<tr>
<td>☐ Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify the method or methods you expect to use for the fundraising (check all that apply):

| Professional solicitor*       |   | Own employees                     | ☒ |
| Professional fundraising counsel* | ☒ | Volunteers                        | ☒ |
| Commercial co-venturer*       |   |                                   |    |

* Provide applicable names and addresses:

Professional Solicitor Name: ________________________________________________________________
Address: ____________________________________________________________________________
City __________________________ State ________ Zip Code ________

Professional Fundraising Counsel Name: SILVER BIRCH CONSULTING, LLC
Address 20 EVERETT STREET, SUITE 2
City ARLINGTON State MA Zip Code 02474

Commercial Co-Venturer Name: __________________________________________________________
Address: __________________________________________________________________________
City __________________________ State ________ Zip Code ________

Form PC - Schedule A-2
Page 10 of 15
Rev. 11/2016
Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
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<tr>
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<td>17 BRATTLE STREET, UNIT 17</td>
<td>ARLINGTON</td>
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</tr>
</tbody>
</table>

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Address</th>
<th>City</th>
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<th>Zip Code</th>
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<tr>
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<td>17 BRATTLE STREET, UNIT 17</td>
<td>ARLINGTON</td>
<td>MA</td>
<td>02476</td>
</tr>
</tbody>
</table>
Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:  

Date: 8/24/20

Printed Name:  DEANNE DUPONT

Title:  PRESIDENT/COFOUNDER

Signature:  

Date: 8/18/20

Printed Name:  GEOFFREY MYRUS

Title:  TREASURER
Line 17:

DeAnne Dupont, President
17 Brattle Street, unit 17
Arlington, MA 02476

Nora Mann, Director
17 Brattle Street, unit 17
Arlington, MA 02476

Julie Kremer, Vice President
17 Brattle Street, unit 17
Arlington, MA 02476

Geoffrey Myrus, Treasurer
17 Brattle Street, unit 17
Arlington, MA 02476

Ivan Basch, Secretary
17 Brattle Street, unit 17
Arlington, MA 02476

Darryl Caffee, Esq., Director
17 Brattle Street, unit 17
Arlington, MA 02476

Judi Bohn, Director
17 Brattle Street, unit 17
Arlington, MA 02476

Annie LaCourt, Director
17 Brattle Street, unit 17
Arlington, MA 02476

Heidi Logan, Director
17 Brattle Street, unit 17
Arlington, MA 02476

Howard Benjamin, Director
17 Brattle Street, unit 17
Arlington, MA 02476

Shoba Reginald, Director
17 Brattle Street, unit 17
Arlington, MA 02476

Line 18:

Authorized to sign checks:
Julie Kremer, Vice President
17 Brattle Street, unit 17
Arlington, MA 02476

Geoffrey Myrus, Treasurer
17 Brattle Street, unit 17
Arlington, MA 02476

DeAnne Dupont, President
17 Brattle Street, unit 17
Arlington, MA 02476
Responsible for custody of funds:
Julie Kremer, Vice President
17 Brattle Street, unit 17
Arlington, MA 02476

Geoffrey Myrus, Treasurer
17 Brattle Street, unit 17
Arlington, MA 02476

DeAnne Dupont, President
17 Brattle Street, unit 17
Arlington, MA 02476

Responsible for distribution of funds:
Julie Kremer, Vice President
17 Brattle Street, unit 17
Arlington, MA 02476

Geoffrey Myrus, Treasurer
17 Brattle Street, unit 17
Arlington, MA 02476

DeAnne Dupont, President
17 Brattle Street, unit 17
Arlington, MA 02476

Responsible for fundraising:
Julie Kremer, Vice President
17 Brattle Street, unit 17
Arlington, MA 02476

Judith Bohn
17 Brattle Street, unit 17
Arlington, MA 02476

DeAnne Dupont, President
17 Brattle Street, unit 17
Arlington, MA 02476

Kathleen Mulvaney
17 Brattle Street, unit 17
Arlington, MA 02476

Responsible for custody of financial records:
Julie Kremer, Vice President
17 Brattle Street, unit 17
Arlington, MA 02476

Geoffrey Myrus, Treasurer
17 Brattle Street, unit 17
Arlington, MA 02476

DeAnne Dupont, President
17 Brattle Street, unit 17
Arlington, MA 02476

Kathleen Mulvaney
17 Brattle Street, unit 17
Arlington, MA 02476

Jodie Smith
17 Brattle Street, unit 17
Arlington, MA 02476
FOOD LINK, INC.
FORM PC
MARCH 31, 2020
47-1840355

Line 9:

Watertown Savings Bank
60 Main Street
Watertown, MA 02472
(617) 928-9000

Cambridge Trust Company
PO Box 380186
Cambridge, MA 02238
(617) 876-5500

Eastern Bank
195 Market Street
Lynn, MA 01901
(800) 327-8376