

A. Ralph Mollis, Secretary of State Corporations Division . 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with Filed L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

* The period of the second corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

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* The period of the second corporation failing or refusing to file its a to a penalty fee of \$25.00.

L. Corporate ID No.		2. Name of Corporation					
51578		PROMAIL, ETC. 4. Corporate address in Rhode Island - Street Address City Zip					
3. State of Incorporation	·		saaress	City	21p		
RHODE ISLAND		HTON STREET		PROVIDEN	02001		
5. Foreign corporation. Enter	principal office addres	S	Сйу	State	Zip		
6. Brief Description of the charac	ter of the affairs which	b are actually conducted in RE	oode Island				
EMPLOYMENT TRAINII	NG WORKSHOP	S					
7. NAMES AND ADDRES	SES OF THE OFF	ICERS: ("X" BOX FOR A	TACHMENT) 🗌 FILL IN SPACI	ES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name				
DALE K. KLATZKER			NONE				
Street Address			Street Address				
528 N MAIN STREET							
City	State	Ζip	СПу	State	Zip		
PROVIDENCE	RI	02904					
Secretary Name NONE			Treasurer Name JACQUELYN M. OLIVERI				
Street Address			Street Address 528N MAIN STREET				
City	State	Zip	City	State	Zıp		
			PROVIDENCE	RI	02904		
8. NAMES AND ADDRES	SES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	ES BEFORE USING	ATTACHMENTS		
THE NUMBER OF DIRE	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u>	OT BE LESS THAN	THREE (3). R.I.G.L. 7-6-2		
Director Name			Director Name				
DALE K. KLATZKER			LINDA COHEN				
Street Address			Street Address				
528 N MAIN STREET			528 N MAIN STREET				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904		
Director Name JOEL STARK			Director Name MIKE ROSS				
Street Address			Street Address				
528 N MAIN STREET		I m:	528 N MAIN STREE		1 .2.		
Cit _i	State	Zip	City	State	Zip 02004		
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904		
	IN KHODE ISLAI	ND - DO NOT ALTER -	Changes require filing of For	rm 041 - K.I.G.L. /-	-0-13 / /-0-/3		
Agent Name JEFFREY F. CHASE-LUBITZ, ESQ			BROWN RUDNICK BERLACK ISRAELS LLP				
Address			City	City Zip			
121 S MAIN STREET			PROVIDENCE 02903		02903		
This report m	oust be signed by	either the President, Vic-	e President, Secretary, Assistant	Secretary, Treasure	r, Receiver or Trustee		

File Date	FILED
Check No.	SEP 1 9 2007
Ву:	FOR SECRETARY OF STATE USE ONLY
,	ON SECRETARY OF STATE OSE ONE!

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and s	
statements contained herein are true and correct. M. Www.	9-5-07
Signglure of Officer	Date
JACQUELYN M. OLIVERI	
Print or Type Name of Officer	
TREASURER	
Title of Officer	

Form 631 Rev. 12/06

PROMAIL, ETC.

ADDITIONAL DIRECTORS

2007 ANNUAL REPORT

The address of each individual listed below is: 528 North Main Street Providence, RI 02904

Karl Ericson Reverend Robert Brooks

