



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.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 to a penalty fee of \$25.00.

1. Corporate ID No. <b>27286</b>		2. Name of Corporation <b>Junior League of Rhode Island, Inc.</b>	
3. State of Incorporation <b>RI</b>	4. Corporate address in Rhode Island - Street Address <b>21 Meeting Street</b>		City <b>Providence</b> Zip <b>02903</b>
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>THE JUNIOR LEAGUE PROVIDES VOLUNTARY SERVICES TO ADDRESS COMMUNITY NEEDS THROUGH DEVELOPMENT AND MAINTENANCE OF VARIOUS VOLUNTEER PROGRAMS</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Mary Catharine H. Miller</b>		Vice President Name <b>Carolyn P. Killian</b>	
Street Address <b>31 Seal Island Road</b>		Street Address <b>181 Virginia Avenue</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>N. Attleboro</b>	State <b>MA</b>
Zip <b>02809</b>		Zip <b>02763</b>	
Secretary Name <b>Polly Talbot</b>		Treasurer Name <b>Alison J. Meyer</b>	
Street Address <b>204 Governor Street #1</b>		Street Address <b>9 Brewster Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>Mary Catharine Miller</b>		Director Name <b>Alison J. Meyer</b>	
Street Address <b>31 Seal Island Road</b>		Street Address <b>9 Brewster Street</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02906</b>	
Director Name <b>Carolyn P. Killian</b>		Director Name	
Street Address <b>181 Virginia Avenue</b>		Street Address	
City <b>N. Attleboro</b>	State <b>MA</b>	City	State
Zip <b>02763</b>		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>ANNETTE H. RILEY</b>		Address	
Address <b>149 LORRAEN STREET PAWTUCKET RI 02860</b>		City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

**Mary Catharine H. Miller** 06-18-08  
Signature of Officer Date  
**Mary Catharine H. Miller**  
Print or Type Name of Officer  
**President**  
Title of Officer

<b>FILED</b>	
File Date	<b>JUN 30 2008</b>
Check No.	<b>002104</b>
By:	
FOR SECRETARY OF STATE USE ONLY	