

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 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. 125363		2. Name of Corporation Club 1-2-3			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 883 Eddy Street		City Providence	Zip 02905
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 To outreach into the community, work with young girls in community services, to help senior citizens in communities.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Fern W. Lima			Vice President Name Clement E. Harris		
Street Address 22 Heath St.			Street Address 276 Camp St.		
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02906
Secretary Name Thelma W. Maxie			Treasurer Name L. David Shavers		
Street Address 43 Bullocks Pt. Ave. #6B			Street Address 16 Heath St.		
City East Providence	State RI	Zip 02915	City Newport	State RI	Zip 02840
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 Evelyn Henley			Director Name Horace Simmons		
Street Address 9 Vineland Dr.			Street Address 16 Fillmore St.		
City Barrington	State RI	Zip 02809	City Newport	State RI	Zip 02840
Director Name Minnie Abney			Director Name Sandra Frisby		
Street Address 169 Rathbun St. Apt. 1			Street Address P.O. Box 15403		
City Woonsocket	State RI	Zip 02895	City Riverside	State RI	Zip 02915
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 Thelma W. Maxie			Address 43 Bullocks Pt. Ave. #6B		
Address 883 Eddy Street			City Providence	Zip 02905	

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



File Date 9/17/08
Check No. 1513
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Thelma W. Maxie 9-15-08
Signature of Officer Date
Thelma W. Maxie
Print or Type Name of Officer
Secretary
Title of Officer