



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 000082542		2. Name of Corporation JOB LINK LEARNING CENTERS INC.	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 126 ARMINGTON ST	
		City CRANSTON	Zip 02905
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROVIDING ADULT EDUCATION AND LEARNING EXPERIENCES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ALFRED T. CABRAL		Vice President Name MARTHA L. LAVIERI	
Street Address 126 ARMINGTON ST.		Street Address 124 ARMINGTON ST.	
City CRANSTON	State RI	Zip 02905	City CRANSTON
Secretary Name DONNA NICHOLSON		Treasurer Name ALFRED T CABRAL	
Street Address 52 WILDWOOD AVE		Street Address 126 ARMINGTON ST	
City EAST PROV.	State RI	Zip 02916	City CRANSTON
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 ALFRED T. CABRAL		Director Name MARTHA L. LAVIERI	
Street Address 126 ARMINGTON ST		Street Address 124 ARMINGTON ST.	
City CRANSTON	State RI	Zip 02905	City CRANSTON
Director Name DONNA NICHOLSON		Director Name	
Street Address 52 WILDWOOD AVE		Street Address	
City EAST PROV	State RI	Zip 02916	City
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

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

File Date	FILED <sup>e</sup>
Check No.	FEB 25 2009
By:	By 081978 1144
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

Signature of Officer  
ALFRED T. CABRAL  
Date  
25 FEB 09  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer