



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 2006**

**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. 000089542		2. Name of Corporation JOB LINK LEARNING CENTERS, INC			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 14 CARLISLE ST		City PROVIDENCE	Zip 02907
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 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 ATTACHMENT					
President Name DENNIS R. IACOBBO			Vice President Name ALFRED T CABRAL		
Street Address 14 CARLISLE ST.			Street Address 126 ARMINGTON ST		
City PROVIDENCE	State RI	Zip 02907	City CRANSTON	State RI	Zip 02905
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	State RI	Zip 02905
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 DENNIS R. IACOBBO			Director Name ALFRED T. CABRAL		
Street Address 14 CARLISLE ST.			Street Address 126 ARMINGTON ST		
City PROVIDENCE	State RI	Zip 02907	City CRANSTON	State RI	Zip 02905
Director Name DONNA NICHOLSON			Director Name		
Street Address 52 WILDWOOD AVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip
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

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.

ALFRED T. CABRAL 2-25-09  
Signature of Officer Date  
Alfred T. Cabral  
Print or Type Name of Officer  
VICE PRESIDENT  
Title of Officer

File Date **FILED**  
Check No. FEB 25 2009  
By: **081978 1:46**  
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