



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 2010

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. 89542		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 RI
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 EDUCATION AND TRAINING					
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 126 ARMINGTON ST.		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name DONNA NICHOLSON			Treasurer Name		
Street Address WILDWOOD AVE			Street Address		
City RUMFORD	State RI	Zip	City	State	Zip
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 126 ARMINGTON ST.		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Director Name DONNA NICHOLSON			Director Name		
Street Address WILDWOOD AVE			Street Address		
City RUMFORD	State RI	Zip 02905	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

FILED

JUL 08 2010 3:49

By 122193
KMC

File Date _____
Check No. _____
By: _____
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.

Martha L. Lavieri 7-8-10
Signature of Officer Date
MARTHA L. LAVIERI
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer

2010 JUL -8
PM 3:49
CORPORATIONS DIV