

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 2011

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.			•		<i>y</i>
1. Corporate ID No.	2. Name of Corporati	он		<u> </u>	
27286	JUNIOR LE	AGUE OF RHOL	E ISLAND, INC.		
3. State of Incorporation	4. Corporate address	in Rhode Island - Street Addre	ess	City	Zip
KHODE ISLAND	21 MEET	ING STREET		PROVIDENCE	02903
5. Foreign corporation. Enter p	rincipal office address		City	State	Zip
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6. Brief Description of the character	er of the affairs which are	actually conducted in Rhode	Island	- NURCE TO AND	PECC
CARRIED VINIOR LEAGUE	E OF RHODE	ISLAND PROVIDE	ES VOLUNTARY SE	ERVILES TO APPR	
T NAMES AND ODDESS	DS THROUGH	DEVELOPMENT	AND MAINTENANC	E OF VOLUNIES	R PROBERMS.
President Name	ES OF THE OFFICE	KS: ("X" BOX FOR ATTAC	CHMENT) THE IN SPACE	ES BEFORE USING ATTAC	HMENTS
PETRA JENKINS			Vice President Name		
Street Address			KIM BIGONETTE Street Address		
I WAYLAND AVENUE # 212 N			290 ALBION ROAD		
City	State	Zip	City	State	Zip
PROVIDENCE	R/	02906	LINCOLN	<u> </u>	02865
Secretary Name		_	Treasurer Name		
PAULINE	TALBOTT		KATHERINE ULLUCCI		
Street Address GOVE	RNOR STR	CEET #D	Street Address 50 PARK Ro	w WEST #40	18
City	State	02906	City	State	Zip
PROVIDENCE	<i>R1</i>	02406	PROVIDENCE	RI	02903
8. NAMES AND ADDRESS	ES OF THE DIRECT	ORS: ("X" BOX FOR ATT.	ACHMENT) FILL IN SPAC	ES BEFORE USING ATTAC	CHMENTS
THE NUMBER OF DIREC	TORS OF A DOMES	TIC (RHODE ISLAND)	CORPORATION SHALL N	OT BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23
Director Name	,		Director Name		
LAUREN GOLDENBERG			ELIZABETH NOREN		
Street Address			Street Address		······································
/ WAYLAND		UNIT 201-S		THAM CIRCLE	
Population	State R1	02906	CHYWARWICK	State R/	Zip 02886
PROVIDENCE Director Name	1 1/1	02106		107	07000
	AAAH		Director Name	4/ A / A	
AMY GERHARD Street Address			TORY TRAINOR Street Address		
8 SLOCUM	STREET #	420	40 RAY 51	REET	
City	State	<sup>Zip</sup> 02909	City	State	Zip
PROVIDENCE	R1	02707	COVENTRY	R/	O2818
9. REGISTERED AGENT IN	N RHODE ISLAND		·		-
This information is currently	of record in the Off	fice of the Secretary of Sta	ate. Changes require filing of	Form 641 - R.I.G.L. 7-6-13/	7-6-78
This report mu	st be signed by eithe	er the President. Vice Pre	esident, Secretary, Assistant	Secretary, Treasurer, Rece	iver or Trustee

File Date	FILED
Check No.	JUN 1 6 2011
ву: <b>ВУ</b>	2786
	SECRETARY OF STATE USE ONLY

Under penalty of perjury, 1 declare and affirm that 1 report, including any accompanying schedules and sta	
statements contained herein are true and correct.	1 1 1
Signature of Officer	6/13/11
Signature of Officer	Date
Katherine Ullucci Print or Type Name of Officer	
Print or Type Name of Officer	
TREASURER	
Title of Officer	