



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Division Of Business Services
 148 W. River Street
 Providence RI 02904-2615
 (401) 222-3040

Fee: \$50.00

[| LOGOUT |](#)

**Business Corporation
 Annual Report**

Filing Period: January 1 - March 1



Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012			
1. Corporate ID No. <u>000044926</u>			
2. Name of Corporation <u>Jones & Clarke Associates, Inc.</u>			
3. Street Address Principal Business Office:			
No. and Street: <u>1130 TEN ROD ROAD, SUITE 10</u>			
City or Town: <u>NORTH KINGSTOWN</u>	State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>401-395-2230</u>			
5. State of Incorporation			
State: <u>RI</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island			
TO PROVIDE ALCOHOL, DRUG ABUSE EDUCATION, COUNSELING, EMPLOYEE ASSISTANCE PREVENTAION, INTERVENTION AND INDIVIDUAL, GROUP, and FAMILY COUNSELING SERVICES			
FILED JAN 09 2012 3543			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.			

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	REGINALD JONES SR	110 KOGOLI WAY WAKEFIELD, RI 02879 USA

Vice President Title: Vice President

First Name: Judith Middle Name: H Last Name: Clarke-Jones Suffix:

Address: 110 Kogoli Way City: Wakefield State: RI Zip: 02879 Country: USA

[Clear] [Add]

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	1,000.00	1,000.00

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Judith Clarke Jones

Business Name: Jones & Clarke Associates, Inc

No. and Street: 1130 Ten Rod Road, STE A10. - Same Address as -

City or Town: North Kingstown State: RI Zip: 02852 Country: USA

Contact Phone: 401-295-2230 ext:

Contact Email: judithclarke1@verizon.net [Clear]

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 6 Day of January, 2012 at 3:44:23 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Judith H. Clarke Jones **FILED**
Signature of Authorized Representative of the Corporation
Vice President
JAN 09 2012
44926