



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Email: corporations@sos.ri.gov Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 89542		2. Exact name of the Corporation JOB LINK LEARNING CENTER, INC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island EDUCATION E TRAINING			
5. Principal office address 126 ARMINGTON ST.		City CRANSTON	State RI	Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
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 02916	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)					
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 02916	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

JUN - 7 PM 2:49
 SECRETARY OF STATE
 CORPORATIONS DIV

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 07 2012

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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 Cabral 6-7-12
 Signature of Officer Date

ALFRED T CABRAL
 Print or Type Name of Officer

Director
 Title of Officer