



**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. <b>51578</b>		2. Exact name of the Corporation <b>Promail, Etc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Workshops and training for employment</b>			
5. Principal office address <b>100 Houghton St</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02904</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Dale K. Klatzker</b>			Vice-President Name <b>None</b>		
Street Address <b>528 North Main Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>Denise Patnode</b>		
Street Address			Street Address <b>528 North Main Street</b>		
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Dale K Klatzker</b>			Director Name <b>Karl Ericson</b>		
Street Address <b>528 North Main Street</b>			Street Address <b>528 North Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Linda Cohen</b>			Director Name <b>Denise Patnode</b>		
Street Address <b>528 North Main Street</b>			Street Address <b>528 North Main Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 21 2012

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BY \_\_\_\_\_

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.

*Denise Patnode* 05/23/2012  
 Signature of Officer Date

**Denise Patnode**  
 Print or Type Name of Officer

**Treasurer**  
 Title of Officer