



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. 000695899		2. Exact name of the Corporation Job Club RI	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Community-based volunteer organization supporting/teaching job seeking skills	
5. Principal office address 76 Arnold Neck Drive		City Warwick	State RI Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) - CHECK BOX FOR ATTACHMENT			
President Name Steve Colella		Vice-President Name NONE	
Street Address 76 Arnold Neck Drive		Street Address	
City Warwick	State RI	Zip 02886	
Secretary Name Kathleen Downes		Treasurer Name LARRY LACROIX	
Street Address 46 Basswood Road		Street Address 367 Hopkins Hill Rd	
City Cranston	State RI	Zip 02910	City Coventry State RI Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) - RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS - CHECK BOX FOR ATTACHMENT			
Director Name Steve Colella		Director Name Kathleen Downes	
Street Address 76 Arnold Neck Drive		Street Address 46 Basswood Rd	
City Warwick	State RI	Zip 02886	City Cranston State RI Zip 02910
Director Name LARRY LACROIX		Director Name NONE	
Street Address 367 Hopkins Hill Rd		Street Address	
City Coventry	State RI	Zip 02816	
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

FILED

JUN 28 2012

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.

Signature of Officer *Steve Colella* Date 6/25/2012
 Print or Type Name of Officer Steve Colella
 Title of Officer President