



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. 488444		2. Exact name of the Corporation JACOBS LADDER	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island NATIVE AMERICAN GENEALOGY AND HISTORY RESEARCH	
5. Principal office address 507 BROAD STREET		City PROVIDENCE	State RI
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name GAIL A. BELT		Vice-President Name DEBORAH CHAMPLAIN	
Street Address 220 FORBES STREET		Street Address 501 W. 123 ST. APT. 20F	
City RIVERSIDE	State RI	City NEW YORK	State N.Y.
Zip 02915		Zip 10027	
Secretary Name FRANCINE HANEY		Treasurer Name DANIELLE BELT	
Street Address 380 N. BROADWAY		Street Address 22 SWEETBRIAR RD.	
City YONKERS	State N.Y.	City BARRINGTON	State R.I.
Zip 10701		Zip 02809	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name GAIL A. BELT		Director Name DEBORAH CHAMPLAIN	
Street Address 220 FORBES ST		Street Address 501 W. 123 ST. APT. 20F	
City RIVERSIDE	State R.I.	City NEW YORK	State N.Y.
Zip 02915		Zip 10027	
Director Name FRANCINE HANEY		Director Name	
Street Address 380 N. BROADWAY APT. B2		Street Address	
City YONKERS	State N.Y.	City	State
Zip 10701		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

FILED

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FEB 26 2013
190980
DS

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.

Gail A. Belt 2/26/13
 Signature of Officer Date
GAIL A. BELT.
 Print or Type Name of Officer
PRESIDENT / CEO
 Title of Officer