



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. <u>488444</u>		2. Exact name of the Corporation <u>JACOBS LADDER</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>NATIVE AMERICAN GENEALOGY AND HISTORY RESEARCH</u>	
5. Principal office address <u>807 BROAD STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02907</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>GAIL A. BELT</u>		Vice-President Name <u>DEBORAH CHAMPLAIN</u>	
Street Address <u>220 FORBES STREET</u>		Street Address <u>501 W. 123 ST. APT. 20F</u>	
City <u>RIVERSIDE</u>	State <u>RI</u> Zip <u>02915</u>	City <u>NEW YORK</u>	State <u>N.Y.</u> Zip <u>10027</u>
Secretary Name <u>FRANCINE HANEY</u>		Treasurer Name <u>DANIELLE BELT</u>	
Street Address <u>380 N. BROADWAY</u>		Street Address <u>22 SWEETBRIAR RD.</u>	
City <u>YONKERS</u>	State <u>N.Y.</u> Zip <u>10701</u>	City <u>BARRINGTON</u>	State <u>R.I.</u> Zip <u>02809</u>
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 <u>GAIL A. BELT</u>		Director Name <u>DEBORAH CHAMPLAIN</u>	
Street Address <u>220 FORBES ST.</u>		Street Address <u>501 W. 123 ST. APT. 20F</u>	
City <u>RIVERSIDE</u>	State <u>R.I.</u> Zip <u>02915</u>	City <u>NEW YORK</u>	State <u>N.Y.</u> Zip <u>10027</u>
Director Name <u>FRANCINE HANEY</u>		Director Name	
Street Address <u>380 N. BROADWAY APT. B2</u>		Street Address	
City <u>YONKERS</u>	State <u>N.Y.</u> Zip <u>10701</u>	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

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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.

Gail A. Belt 2/26/13
Signature of Officer Date

GAIL A. BELT.
Print or Type Name of Officer

PRESIDENT / CEO
Title of Officer