RI SOS Filing Number: 201438587240 Date: 04/29/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.**

SECRETARY OF STATE CORPORATIONS DIV. 2014 APR 29 PM 12:43

1. Entity ID No.	2. Exact name of the Corporation
89542	Job Link Learning Centers Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI.	Educational - Learning

5. Principal office address	City	State	Zip
126 Armington St.	Cranston	RI	02905

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Alfred Cabral	Martha Laveri
Street Address: 126 Armington St	Street Address: 124 Armington St
City: Cranston State: RI Zip: 02905	City: Cranston State: RI Zip: 02905
Secretary Name: Martha Laveri	Treasurer Name: Alfred Cabral
Street Address: 124 Armington St	Street Address: 126 Armington St
City: Cranston State: RI Zip: 02905	City: State: RI Zip: 02905

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Alfred T Cabral	Martha Laveri
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 Jarrett	Director Name:
Street Address: 213 Wildwood St.	Street Address:
City: East Prov State: RI Zip: 02806	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, duly Authorized Representative, Receiver or Trustee

FILED 12:43
APR 29 2014

File Date
Check No By: CK 223208
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.

Alfred T Cabral 4-29-14
Signature of Officer or Authorized Representative Date

Alfred T Cabral
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
106017-1-957275