



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: ~~2017~~ 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 22 2018

BY

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1. Entity ID Number 000044926		2. Exact name of the Corporation JONES & CLARKE ASSOCIATES, INC.			
3. Principal Office Address 1130 TEN ROD ROAD, SUITE A102			City NORTH KINGSTOWN		State RI
			Zip 02852		
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING FOR ADULTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NONE			Vice-President Name JUDITH H. CLARKE-JONES		
Street Address			Street Address 110 KOGOLI WAY		
City	State	Zip	City WAKEFIELD	State RI	Zip 02879
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JUDITH H. CLARKE-JONES			Director Name		
Street Address 110 KOGOLI WAY			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative JUDITH H. CLARKE-JONES					Date 3/17/2018
Signature of Authorized Representative <i>Judith H. Clarke-Jones</i>					