



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 4786 *ea*

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. <i>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.</i>					
Name of Authorized Representative JUDITH H. CLARKE-JONES				Date 3/17/2018	
Signature of Authorized Representative <i>Judith H. Clarke-Jones</i>					

MAIL TO:
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