



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: **2019**  
 Non-Profit Corporation

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 JUN 21 PM 2:44

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>89542</b>		2. Exact name of the Corporation <b>Job Link Learning Centers Incorporated</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>educational travel and learning</b>			
4. NAICS Code <b>611519 - Other Technical</b> <input type="checkbox"/>					
6. Principal Office Address <b>126 Armington Street</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Alfred Cabral</b>		Vice-President Name			
Street Address <b>126 Armington Street</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name <b>Martha Laveri</b>		Treasurer Name			
Street Address <b>124 Armington Street</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Alfred Cabral</b>		Director Name <b>Martha Laveri</b>			
Street Address <b>126 Armington Street</b>		Street Address <b>124 Armington Street</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Donna Nicolson</b>		Director Name			
Street Address <b>112 Wildwood Avenue</b>		Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Alfred Cabral</b>					Date
Signature of Officer/Authorized Representative 					

**FILED**

SIGN DOCUMENT HERE  
 JUN 21 2019

BY 199628  
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