



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

Annual Report for the year: 2019
Non-Profit Corporation

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

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 SECRETARY OF STATE
 CORPORATIONS DIVISION

2020 JAN 29 PM 3:47

1. Entity ID Number 001678460		2. Exact name of the Corporation JaamRek, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote sustainable community development that fosters experiential learning, philanthropy, and social justice by engaging individuals and organizations in the pursuit of peace.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 374 Eaton Street			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David O'Connor			Vice-President Name Joseph Glackin		
Street Address 374 Eaton Street			Street Address 3607 E. Royal Palm Circle		
City Providence	State RI	Zip 02908	City Tampa	State FL	Zip 33629
Secretary Name Joyce Leven			Treasurer Name Maodo Lo		
Street Address 41 Galen Court			Street Address 33 Heaton Street		
City Seekonk	State MA	Zip 02771	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David O'Connor			Director Name Joyce Leven		
Street Address 374 Eaton Street			Street Address 41 Galen Court		
City Providence	State RI	Zip 02908	City Seekonk	State MA	Zip 02771
Director Name Joseph Glackin			Director Name Maodo Lo		
Street Address 3607 E. Palm Circle			Street Address 33 Heaton Street		
City Tampa	State FL	Zip 33629	City Pawtucket	State RI	Zip 02860
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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>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 David O'Connor				Date 1/27/2020	
Signature of Officer/Authorized Representative <i>David O'Connor</i>				SIGN DOCUMENT FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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