



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 125363		2. Name of Corporation Club 1-2-3									
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 883 Eddy ST		City Providence		Zip 02905					
5 Foreign corporation. Enter principal office address				City		State		Zip			
6 Brief Description of the character of the affairs which are actually conducted in Rhode Island TO OUTREACH INTO THE COMMUNITY, WORK WITH YOUNG GIRLS IN COMMUNITY SERVICES, TO HELP SENIOR CITIZENS IN COMMUNITIES.											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name MAXINE L. Shavers					Vice President Name Edward C. JAMES JR.						
Street Address 16 Heath St					Street Address 49 Warner St						
City Newport		State RI		Zip 02840		City Newport		State RI		Zip 02840	
Secretary Name Thelma W. Maxie					Treasurer Name Vioris N. Ferrell						
Street Address 43 Bullocks Pt. Ave #6B					Street Address 237 Warrington St						
City EAST PROV		State RI		Zip 02915		City PROV		State RI		Zip 02907	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23											
Director Name Cheryl Abbott					Director Name Herbert Underwood						
Street Address 104 Lenox Av.					Street Address 42 Yellowstone Ave.						
City PROV		State RI		Zip 02907		City WARWICK		State RI		Zip 02888	
Director Name NANCY Z. Green					Director Name FERN Lima						
Street Address 101 APULIA ST					Street Address 22 Heath St.						
City PROV		State RI		Zip 02914		City Newport		State RI		Zip 02840	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78											
Agent Name THELMA W. MAXIE					Address						
Address 883 EDDY STREET					City PROVIDENCE			Zip 02905			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



125363

File Date	6-22-05
Check No.	20
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.

Thelma W. Maxie 6-20-05  
Signature of Officer Date  
Thelma W. MAXIE  
Print or Type Name of Officer  
Secretary  
Title of Officer



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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125353		2. Name of Corporation Club 1-2-3									
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 883 Eddy St.		City Providence		Zip 02905					
5. Foreign corporation. Enter principal office address				City		State		Zip			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO OUTREACH INTO THE COMMUNITY, WORK WITH YOUNG GIRLS IN COMMUNITY SERVICES, TO HELP SENIOR CITIZENS IN COMMUNITIES.											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Marlene Ray					Vice President Name Stanley Rankin						
Street Address 136 Old Mill Lane					Street Address 3040 Pawtucket Ave Apt. 102						
City Portsmouth		State RI		Zip 02871		City East Prov		State RI		Zip 02915	
Secretary Name Thelma Maxie					Treasurer Name Vioris N. Ferrell						
Street Address 43 Bullocks Point Avenue Apt 6B					Street Address 123 Warrington Street						
City East Providence		State RI		Zip 02915		City Providence		State RI		Zip 02907	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23											
Director Name MARLENE RAY					Director Name Stanley Rankin						
Street Address 136 Old Mill Lane					Street Address 3040 Pawtucket Av. Apt 102						
City Portsmouth		State RI		Zip 02871		City East Prov		State RI		Zip 02915	
Director Name Cherly Abbott					Director Name Herbert Underwood						
Street Address 104 Lenox Ave					Street Address 42 Yellowstone Ave						
City Providence		State RI		Zip 02907		City Warwick		State RI		Zip 02888	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78											
Agent Name THELMA W. MAXIE					Address						
Address 883 EDDY STREET					City PROVIDENCE			Zip 02905-			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 5 3 6 3 \*

File Date	6/23/04
Check No	177
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.

Thelma W. Maxie 6-9-04  
Signature of Officer Date  
Thelma W. Maxie  
Print or Type Name of Officer  
Secretary  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125363		2. Name of Corporation Club 1-2-3			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 883 Eddy ST.		City PROV.	Zip 02905
5. Foreign corporation. Enter principal office address		City	State R.I.	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. TO OUTREACH INTO THE COMMUNITY, WORK WITH YOUNG GIRLS IN COMMUNITY SERVICES, TO HELP SENIOR CITIZENS IN COMMUNITIES.					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name THELMA W. MAXIE			Treasurer Name VIORELL N FERRELL		
Street Address 43 Bullocks Pt. Ave.			Street Address 237 Warrington ST		
City EAST PROV	State RI	Zip 02915	City PROV	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name MAXINE L. SHIVERS			Director Name VIORELL N FERRELL		
Street Address 16 Heath ST.			Street Address 237 Warrington ST		
City Newport	State RI	Zip 02840	City PROV	State RI	Zip 02907
Director Name THELMA W. MAXIE			Director Name		
Street Address 43 Bullocks Pt. Av. #6B			Street Address		
City EAST PROV	State RI	Zip 02915	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name THELMA W. MAXIE			Address		
Address 883 EDDY STREET			City PROVIDENCE	Zip 02905	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 5 3 6 3 \*

File Date 6-25-03

Check No. 1232

By [Signature]

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.

Signature of Officer

THELMA W. MAXIE

Print or Type Name of Officer

Secretary

Title of Officer

Form 631 Rev. 6/02