

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

Matthew A. Brown, Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

NON-PROFIT CO	ŔPC	R	ATION ANNUAL REPORT FOR THE YEAR	2005
Filing Period: June 1 - June	30	•	Filing Fee: \$20.00	

L. Corporate ID No	2. Name of Corporation			
125363	Club 1-2-3		··- ^	
3. State of Incorporation RHODE ISLAND	4. Conjugue address in Ribyle Island - Since Address	\mathcal{T}	Rovidence	210 D 2 905
5 Foreign corporation. Enter print	cipal office address	City	State	Z(p
	of the affairs which are actually conducted in Rhode Isla		I	
TO OUTREACH INTO THE C	OMMUNITY, WORK WITH YOUNG GIRLS IN C	OMMUNITY SERVICES, TO HE	LP SENIOR CITIZENS II	N COMMUNITIES.
7. NAMES AND ADDRESSES	OF THE OFFICERS: ("X" BOX FOR ATTACH		FORE USING ATTACH	MENTS
MAXINE	L. Shavers	Vice President fame Edward	C. JAME	25 JR.
Street Address 6 HEO	th 5t	sired Adjros War	Ner 5+	
"NewPort	State R.I. 210 02840	CITY NEW FORT	State R.T	zip 02840
The Ima	W. MAXIE	Treasury Rame RIS 1	1. Ferre	LL
JUS BULL OC,	Ks Pt. AVE #6B	sirceydins 7 Warri	N9 4m S	5+
EAST PROV	State RI 24029.15	City ROV	State RT	24p 0 2907
8. NAMES AND ADDRESSES THE NUMBER OF DIRECTO	OF THE DIRECTORS: ("X" BOX FOR ATTAC		EFORE USING ATTAC	HMENTS (3). R.I.G.L. 7-6-23
Director ifame	DRS OF A DOMESTIC (RHODE ISLAND) C A L L A ++	Director right	UNderwa	, ,
Sirved Address 1 0 4 0 Y	10011 AV	Sirect piddress	ru c tome	A10
104 Lenox	State T Zip JGN 7	91 DULL	State DT	71VC ·
Direction Name ()	0010/	Dingor Yama	1 1 1	100880
NANCYZ	· Green	FERN LI	MH	
TOT APUL	a st	similar Heath	St.	
PROV 9. REGISTERED AGENT IN	State T 2002914 RHODE ISLAND DO NOT ALTER Chang	Wewfort	State RI	102840
Agent Name	KHODE ISLAND, DO NOT KLIEK - Chang	Address	· · · · · · · · · · · · · · · · · · ·	
THELMA W. MAXIE				
Address 892 EDDY STREET		City	Zip	
This report must be	signed in ink by either the President, Vice P	PROVIDENCE	O2905	
1 (BS/B) #(B)		resident, decretary, Assistant a	recietary, freasurer, ive	certer of Trostee
	125363		ry, I declare and affirm the companying schedules an	
File Date G-777			rein are true and correct.	U 6-211-1
	1	Signature of Officer	11/ 1/00	Date
	/ 	The MA Print partype Name of Of	W . 14/1X/	<u> </u>
By:		Se Cre	Farv	
FOR SECRETARY OF S	IATE USE ONLY	Title of Officer		Form 631 Rev. 04/04



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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

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(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate II) No. 2. Name of Corporation 125363 Club 1-2-3 3. State of Incorporation 4. Corporate address in Rhode Island - Stryp Address Providence RHODE ISLAND 5. Foreign corporation. Enter principal office address Cliv 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Marlene Ray Stanley Rankin Street Address Street Address 3040 Pawtucket Ave Apt. 102 <u>136 Old Mill Lane</u> City State Portsmouth RI 02871 East Prov 02915 Secretary Name Treasurer Name Thelma Maxie Ferrel1 Street Address Street Address MOTGB 43 Bullocks Point Avenue 123 Warrington Street Zip City State Zip City State East Providence RI 02915 Providence RI 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23 0287 EGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER . Changes require filling of Form 641 - R.I.G.L. Address THELMA W. MAXIE Address City Zin 883 EDDY STREET **PROVIDENCE** 02905-

this report must be signed in this by either the President, vice Pr	resident, Secretary, Assistant Secretary, Treasurer, Receiver of Trustee
	·
* 1 2 5 3 6 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File: Date (0/23/04	statements contained herein are type and correct. Melma II. Maple 6-9-04
Check No	Signature of Officer Date The mA W. MAKIE
By: On	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer
	Form 631 Rev (M/04



FORM MUST BE TYPED OR	PRINTED IN BLACK)	·				
1. Corporate ID No.	2. Name of Corporation	on				
125363	Club 1-2-3					
3. State of Incorporation	4. Corporate address	in Rhode Islantt - Street Add	ress	City	Ziį	2 1 ca 5
RHODE ISLAND	1800	<u>Cddy</u> S	1.	PKOV	<u> </u>	12102
5. Foreign corporation. Enter	principal office address	/	City	State R. I	, Zi _j	,
6. Brief Description of the char	acter of the affairs which a	re actually conducted in Rh	ode Island.	<u>, , , , ,</u>		
TO OUTREACH INTO TI	HE COMMUNITY, WOR	K WITH YOUNG GIRLS	N COMMUNITY SERVICES	,TO HELP SENIOR	CITIZENS IN C	OMMUNITIES.
7. NAMES AND ADDRESS	SES OF THE OFFICER	S ("X" BOX FOR ATTAC	CHMENT) TILL IN SPAC	CES BEFORE USIN	NG ATTACHM	ENTS
President Name			Vice President Name			
Street Address	·		Street Address			
City	State	Zip	Ciry	State	Zij	p
Secretary Named MA	W. MAXI	e	Treasurer Norme	N Fer	rell	
	ocks Pt	. Ave.	Street Address 1	Tarry Ng	ton?	5T
GAST PROV	State RI	2ip 02915	City PROV	State R 4		02901
			CHMENT) TELL IN THE CORPORATION SHALL			
MAXING L.	Shavers	<u>. •</u>	Director Name	ferre	· · · · · · · · · · · · · · · · · · ·	
16 Heath	ST.	· ·	237 W	arringt		
Newfort	State	1º02840	CIPPROV	State	_ Zi	02907
THELMA W	U. MAXIE	<u>, </u>	Director Name			
—	ocks Pt.	Av. #6K		·		· · · · · · · · · · · · · · · · · · ·
"EAST PROV	State RT	12.10 a 915	City	State	Zi	
	IN RHODE ISLAND - I	DO NOT ALTER - Chan	ges require filing of Form	1 641 - R.J.G.L. 7-6-	13 / 7-6-78	
Agent Name			Address			
THELMA.W.,MAXIE					1 -	
Address		•	City		Zip	
883 EDDY STREET			PROVIDENCE		02905-	
This report must be <mark>sig</mark> n	ned in ink by either to	he President, Vice Pro	esident, Secretary, Assist	ant Secretary, Tro	easurer, Rece	iver or Trustee
		166 101 1661	,.	,		
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			Under penalty of per this report including			
* 1	<u> 2 5 5 6</u>	¬³ *	and that all spitsmen	ly contained flagger ar	c true pristogres	W. 1
File Date 6 -	25.03		THELM	A W.	MAXIE	623-0
Check No.	232		Signature of Officer	na W.	MAXI	e
Ву	<u>a</u>	r	Print or Type Name of	Officer La C	· · · · · · · · · · · · · · · · · · ·	
FOR SECRETARY OF STAT	TE USE ONLY	"	Title of Officer	7417		Form 631 Rev. 6/0