



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001678460

2. Name of Corporation JaamRek, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 374 EATON STREET
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

CHARITABLE PURPOSES SPECIFICALLY TO PROMOTE SUSTAINABLE COMMUNITY DEVELOPMENT THAT FOSTERS EXPERIENTIAL LEARNING PHILANTHROPY AND SOCIAL JUSTICE ENGAGING INDIVIDUALS AND ORGANIZATIONS IN THE PURSUIT OF PEACE

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

PRESIDENT	DAVID OCONNOR	374 EATON STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JOYCE LEVEN	41 GALEN COURT SEEKONK , MA 02771 USA
DIRECTOR	JOSEPH GLACKIN	3607 E. ROYAL PALM CIRCLE TAMPA, FL 33629 USA
DIRECTOR	MAODO LO	33 HEATON STREET PAWTUCKET, RI 02860 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DAVID G. OCONNOR 374 EATON STREET PROVIDENCE , RI 02908

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of October, 2021 at 12:17:34 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID O'CONNOR
Signature of Authorized Person

Form No. 631
Revised 09/07