



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2023 MAY 15 A 10:48

1. Entity ID Number <u>000695899</u>		2. Exact name of the Corporation <u>Job Club RI</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>CAREER COUNSELING JOB PLACEMENT WORKSHOPS</u>			
4. NAICS Code <u>624190</u>					
6. Principal Office Address <u>3524 West Shore Rd #302</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>STEPHEN COLETTA</u>		Vice-President Name <u>KATHY DOWNS</u>			
Street Address <u>3524 West Shore Rd #302</u>		Street Address <u>46 Basswood Rd</u>			
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02908</u>
Secretary Name <u>KATHY DOWNS</u>		Treasurer Name <u>WALLY LACROIX</u>			
Street Address <u>46 Basswood Rd</u>		Street Address <u>567 Hopkins Hill Rd</u>			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02808</u>
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 <u>STEPHEN COLETTA</u>		Director Name <u>KATHY DOWNS</u>			
Street Address <u>3524 West Shore Rd #302</u>		Street Address <u>46 Basswood Rd</u>			
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02908</u>
Director Name <u>WALLY LACROIX</u>		Director Name			
Street Address <u>567 Hopkins Hill Rd</u>		Street Address			
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <u>Stephen Colletta</u>				Date <u>5-15-23</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>				MAY 15 2023 1004	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov