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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1 → Filing Fee \$20.00				į.	79 3	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.						
Entity ID Number	2. Exact name of the Corporation					
000031153	SER Jobs for Progress, Inc.					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Training and employment programs for low income and at-risk Rhode					
4. NAICS Code :	Island residents.					
624190						
6. Principal Office Address			City	State	Zip	
100 East Avenue			Pawtucket	RI	02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Zack Mezera			Vice-President Name Cristina Amedeo			
Street Address 84 Isabella Avenue			Street Address 33 Lane #1			
City Providence	State RI	^{Zip} 02908	^{City} Warwick	State RI	^{Zip} 02888	
Secretary Name Patricia Martinez			Treasurer Name James Burdick			
Street Address 142 Oakland Avenue			Street Address 77 Gray Street			
City Pawtucket	State RI	^{Zıp} 02861	City Warwick	State RI	^{Zip} 02889	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Zack Mezera			Director Name Cristina Amedeo			
Street Address 84 Isabella Avenue			Street Address 33 Lane #1			
^{City} Providence	State RI	^{Zip} 02908	City Warwick	State RI	Z _I p U2000	
Director Name Patricia Martinez			Director Name James Burdick			
Street Address 142 Oakland Avenue			Street Address 77 Gray Street			
City Pawtucket	State RI	^{Zip} 02861	City Warwick	State RI	Zip 02889	
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				Dale		
Craig Baker			m23-1714	5/31/2024		
Signature of Officer/Authorized Representative FILED						
Clark Re IIIN - 9 2000						
MAIL TO:						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov