



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 2009

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 27922		2. Name of Corporation Gloria Dei Evangelical Lutheran Church			
3. State of Incorporation RI		4. Corporate address in Rhode Island -Street Address 15 Hayes Street		City Providence	Zip 02908
5. Foreign corporation: Enter principal office address N/A			City N/A	State N/A	Zip N/A
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHURCH					
President Name James Almonte			Vice President Name Richard Johnson		
Street Address 48 Sumter Street			Street Address 2 Elizabeth		
City Providence	State RI	Zip 02907	City Smithfield	State RI	Zip 02917
Secretary Name Judy Kremer			Treasurer Name Yocasta Mendez		
Street Address 87 Stetson Dr.			Street Address 72 East St.		
City Marlborough	State MA	Zip 01752	City W Warwick	State RI	Zip 02893
Director Name Vilma Ponce			Director Name Margarett Dyson		
Street Address 93 Ruggles St.			Street Address 81 Darmouth Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02907
Director Name Ruth Toribio			Director Name Jairo Jimenez		
Street Address 63 Hilton Street			Street Address 19 Norwich Av.		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02805
Agent Name GLORIA V. SHAFEE-MOGHADAM			Address		
Address 35 MAPLANCRES DRIVE			City GREENVILLE	Zip 02828	

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



FILED
JUL 03 2009
093917

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Signature of Officer
James Almonte
Print or Type Name of Officer
President
Date
6/30/09