



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>125751</b>		2. Exact name of the Corporation <b>Gloria Dei Step Up Center</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Serving the community through educational programs.</b>			
5. Principal office address <b>15 Hayes Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Socorro Gomez - Potter</b>			Vice-President Name <b>Keila Rodriguez</b>		
Street Address <b>156 Reservoir Av.</b>			Street Address <b>64 Hendrick St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Claudia Cardozo</b>			Treasurer Name <b>Vincent Levros</b>		
Street Address <b>119 5th St.</b>			Street Address <b>436 Cranstron St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Rick Kremer</b>			Director Name <b>Vilma Ponce</b>		
Street Address <b>87 Stetson Drive</b>			Street Address <b>93 Ruggles Street</b>		
City <b>Marlborough</b>	State <b>MA</b>	Zip <b>01752</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Tony Mendez</b>			Director Name		
Street Address <b>72 East St.</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

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.

Signature of Officer  Date 07/24/12

**Keila Rodriguez**  
 Print or Type Name of Officer  
**Vice President/Executive Director**  
 Title of Officer

**FILED**

JUL 24 2012

By