



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**


Non-Profit Corporation

→ Filing period June 1 - June 30


→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 28 PM 4:00

1. Entity ID Number 125751		2. Exact name of the Corporation Gloria Dei Step Up Center			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island To Provide Education Opportunities: as English as Second Language, Music, Tutoring, Etc.			
4. NAICS Code 611519 - Other Technical and T					
6. Principal Office Address 15 Hayes St		City Providence		State R.I.	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Keila Rodriguez			Vice-President Name James Keller		
Street Address 64 Hendrick St			Street Address 26 Village Dr.		
City Providence	State R.I.	Zip 02908	City Riverside	State R.I.	Zip 02915
Secretary Name Donna Bruns			Treasurer Name Rosa Rafaela Radcke		
Street Address 1796 New London Tpke			Street Address 91 Metropolitan Park Dr.		
City West Warwick	State R.I.	Zip 02893	City Riverside	State R.I.	Zip 02915
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 Michael Touze			Director Name Eveling Vasquez		
Street Address 75 Erastus St			Street Address 131 Hudson St.		
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02907
Director Name Vimar Rodriguez			Director Name		
Street Address 58 Hendrick St.			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Keila Rodriguez				Date 6/27/2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 28 2018
BY  333866
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