



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

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 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 JUN 28 PM 4:00

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.

1. Entity ID Number 27922		2. Exact name of the Corporation Gloria Dei Evangelical Lutheran Church of Providence,			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Activities			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 15 Hayes Street		City Providence	State RI	Zip 02908	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dulce Espinal		Vice-President Name Joyce Collard			
Street Address 39 Maynard St		Street Address 174 Pleasant St.			
City Providence	State RI	Zip 02909	City Rumford	State RI	Zip 02916
Secretary Name Raymond Mwasha		Treasurer Name Justin Zumstain			
Street Address 105 Standish St		Street Address 16 Dexterdale			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
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 Gloria Shafae-Moghadam		Director Name Rafaela Radcke			
Street Address 35 Maplecrest Dr.		Street Address 91 Metropolitan Park Dr			
City Greeville	State RI	Zip 02828	City Riverside	State RI	Zip 02915
Director Name Keila Rodriguez		Director Name Rosa Castillo			
Street Address 64 Hendrick St		Street Address 15 Hayes St			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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 Dulce Espinal,				Date 06/26/2018	
Signature of Officer/Authorized Representative <i>Dulce Espinal</i>				SIGN DOCUMENT HERE	

FILED

BY JUN 28 2018
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MAIL TO:
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 Website: www.sos.ri.gov