RI SOS Filing I	Number: 2019	984469540	Date: 1/14	1/2019 4:00 :00 PN	4			
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Annual Report for the year	ar: 2019						SET RE	
Corporation						ţ		
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00						P	50€	
Penalty: Additional \$25.00 fee if form is not filed by April 1.						ယ္	00 00 00 00 00 00 00 00 00 00 00 00 00	
Entity ID Number		, ,			_	0	<u> </u>	
68077	2. Exact name of the Corporation A Step Up, Inc.							
3. Principal Office Address	City State Zip						17:n	
88 Crompton Road			East Greenwich RI			02818		
·							02010	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE DAY CARE AND EDUCATIONAL SERVICES TO THE GENERAL PUBLIC							
611110	TO THE DAT OTHER HIS EDUCATIONAL SENTIOLS TO THE SENERAL I SELECT							
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and addresses) President Name Debra M. Figuratola				Check the box to indicate an attachment Vice-President Name				
Debra M. Ficazzola			Diana S. Delsesto					
Street Address 133 South Road			Street Address 416 Camp Westwood Road					
City East Greenwich	State RI	^{Zip} 02818	<u>}</u>		State RI		^{Zıp} 02827	
Secretary Name Debra M. Ficazzola			Treasurer Name Diana S. Delsesto					
Street Address 133 South Road			Street Address 416 Camp Westwood Road					
City East Greenwich	State RI	^{Zıp} 02818	City Greene		State RI		^{Zıp} 02827	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name Debra M. Ficazzola	Director Name Diana S. Delsesto							
Street Address 133 South Road			Street Address 416 Camp Westwood Road					
City East Greenwich	State RI	Zip 02818	City Greene		State RI		^{Zip} 02827	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State		Zıp	
9. Shares Authorized		10. Shares Issue			e box to in		n attachment 🔲	
This information is currently of record Department of State.	d in the	NUMBER OF SH	HARES	C_ASS/SERIES			PAR VALUE	
		100		Common		No Par Value		
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.								
trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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. Name of Authorized Representative Date / ,								
Debra M. Ficazzola					Date L	/11/:	2019	
Signature of Authorized Representative								
Signature of Authorized Representative Debre M. Ficanola 8/3/ DOCUMENT HEREILED 144 1 4 2010 7:08								
IAN 1 4 2019 7:08								

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ntdov JAN 1 4 2019 S: C8
BY KL TWEY?

FORM 630 - Revised: 10/2017