



Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV  
2019 JAN 14 PM 3:08

Annual Report for the year: **2019**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>68077</b>		2. Exact name of the Corporation <b>A Step Up, Inc.</b>			
3. Principal Office Address <b>88 Crompton Road</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>611110</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE DAY CARE AND EDUCATIONAL SERVICES TO THE GENERAL PUBLIC</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Debra M. Ficazzola</b>			Vice-President Name <b>Diana S. Delsesto</b>		
Street Address <b>133 South Road</b>			Street Address <b>416 Camp Westwood Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>
Secretary Name <b>Debra M. Ficazzola</b>			Treasurer Name <b>Diana S. Delsesto</b>		
Street Address <b>133 South Road</b>			Street Address <b>416 Camp Westwood Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Debra M. Ficazzola</b>			Director Name <b>Diana S. Delsesto</b>		
Street Address <b>133 South Road</b>			Street Address <b>416 Camp Westwood Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par Value	
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.					
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 <b>Debra M. Ficazzola</b>				Date <b>1/11/2019</b>	
Signature of Authorized Representative <i>Debra M. Ficazzola</i>					

FILED  
JAN 14 2019 3:08  
BY *KL TWE47*