



**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Non-Profit Corporation**

**FILED**

**APR 19 2023**

BY 101  
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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001703926		2. Exact name of the Corporation THE KIDS GRACE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island INTRODUCE THE WORD OF JESUS CHRIST IN A FUN AND CREATIVE WAY AT AN EARLY AGE WITHOUT ANY RELEGIOUS DOCTRINE OR INFLUENCE OF ANY SORT			
4. NAICS Code 813110 - Religious Organizati					
6. Principal Office Address 57 SLADE STREET		City PAWTUCKET	State RI	Zip 02861	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name GEOVANNY TABARES		Vice-President Name SERGIO TABARES			
Street Address 57 SLADE STREET		Street Address 57 SLADE STREET			
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name GLORIA ARBOLEDA		Treasurer Name GEOVANNY TABARES			
Street Address 57 SLADE STREET		Street Address 57 SLADE STREET			
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name GEOVANNY TABARES		Director Name SERGIO TABARES			
Street Address 57 SLADE STREET		Street Address 57 SLADE STREET			
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
Director Name GEOVANNY TABARES		Director Name GLORIA ARBOLEDA			
Street Address 57 SLADE STREET		Street Address 57 SLADE STREET			
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative GEOVANNY TABARES				Date 03/02/2023	
Signature of Officer/Authorized Representative 					