



State of Rhode Island

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 Organization <input type="checkbox"/>					
6. Principal Office Address 57 SLADE STREET		City PAWTUCKET		State RI	Zip 02861
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
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 MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
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.					
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.					
<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 					

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