



State of Rhode Island
Department of State - Business Services Division

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

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 27922		2. Exact name of the Corporation Gloria Dei Evangelical Lutheran Church of Providence RI	
3. State of Incorporation Rodhe Island		5. Brief description of the character of business conducted in Rhode Island Religious Activities	
4. NAICS Code 813110			
6. Principal Office Address 15 Hayes St		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Justin Zumpstain		Vice-President Name Dulce Espinal	
Street Address 16 Dexterdale		Street Address 39 Maynard St	
City Providence	State RI	City Providence	State RI Zip 02909
Secretary Name Elianny Marte		Treasurer Name Maderline Rosado	
Street Address 15 Hayes St		Street Address 15 Hayes St	
City Providence	State RI	City Providence	State RI Zip 02908
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 Radket	
Street Address 35 Maplacecrest Dr		Street Address 91 Metropolitan Park Dr	
City Greenville	State RI	City Riverside	State RI Zip 02915
Director Name Keila Rodriguez		Director Name Joyce Collard	
Street Address 64 Hendrick St		Street Address 174 Pleasant St	
City Providence	State RI	City Rumford	State RI Zip 02916
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 Keila Rodriguez			Date 07/14/2023
Signature of Officer/Authorized Representative 			

FILED

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

JUL 14 2023
BY **ML GAWZW**