



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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.

1. Entity ID Number 135751		2. Exact name of the Corporation Gloria Dei Step Up Center			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide Education opportunities as English as second language, music, tutoring advocacy etc.			
4. NAICS Code 611519					
6. Principal Office Address 15 Hayes St. P			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 Keila Rodriguez		Vice-President Name James Keller			
Street Address 64 Hendrick St.		Street Address 76 Village Dr			
City Providence	State RI	Zip 02908	City Riverside	State RI	Zip 02915
Secretary Name Michael Tourinho		Treasurer Name Rosa Rapaela Radcke			
Street Address 15 Hayes St. Providence		Street Address 91 Metropolitan Park Dr			
City Providence	State RI	Zip 02908	City Riverside	State RI	Zip 02915
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 Vimar Rodriguez		Director Name Michael Tuerze			
Street Address 210 Rutherforden St.		Street Address 75 Eratus			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
Director Name Evelyn Vasquez		Director Name			
Street Address 131 Hudson St.		Street Address			
City Providence	State RI	Zip 02907	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Keila Rodriguez				Date 8/9/2023	
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

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