



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 <u>135751</u> | | 2. Exact name of the Corporation <u>Gloria Dei Step Up Center</u> | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>To provide Education opportunities as English as second language, music, tutoring advocacy etc.</u> | |
| 4. NAICS Code <u>611519</u> | | | |
| 6. Principal Office Address <u>15 Hayes St. P</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02908</u> | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Keila Rodriguez</u> | | Vice-President Name <u>James Keller</u> | |
| Street Address <u>64 Hendrick St.</u> | | Street Address <u>76 Village Dr</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Riverside</u> | State <u>RI</u> |
| Zip <u>02908</u> | | Zip <u>02915</u> | |
| Secretary Name <u>Michael Tourinho</u> | | Treasurer Name <u>Rosa Rapaela Radcke</u> | |
| Street Address <u>15 Hayes St. Providence</u> | | Street Address <u>91 Metropolitan Park Dr</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Riverside</u> | State <u>RI</u> |
| Zip <u>02908</u> | | Zip <u>02915</u> | |
| 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 <u>Vimar Rodriguez</u> | | Director Name <u>Michael Tewe</u> | |
| Street Address <u>210 Rutherford Ln</u> | | Street Address <u>75 Eratus</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Providence</u> | State <u>RI</u> |
| Zip <u>02907</u> | | Zip <u>02908</u> | |
| Director Name <u>Evelyn Vasquez</u> | | Director Name | |
| Street Address <u>131 Hudson St.</u> | | Street Address | |
| City <u>Providence</u> | State <u>RI</u> | City | State |
| Zip <u>02907</u> | | 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 <u>Keila Rodriguez</u> | | | Date <u>8/9/2023</u> |
| 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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BY [Signature]
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