



State of Rhode Island  
 Department of State - Business Services Division  
 2023

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 SEP 15 A 9:21

Annual Report for the year:  
 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 000932502		2. Exact name of the Corporation STEPPING FORWARD			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island STEPPING FORWARD IS A NONPROFIT AGENCY PROVIDING MENTORING PROGRAMS FOR INNER CITY GIRLS BETWEEN THE AGES OF 13 TO 18 IN THE RHODE ISLAND AREA			
4. NAICS Code 624110					
6. Principal Office Address 97 WALNUT ST		City EAST PROVIDENCE		State RI	Zip 02914
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment</span>					
President Name LASHANNA TAYLOR SWEENEY			Vice-President Name LETITIA NOLAN		
Street Address 97 WALNUT ST			Street Address 105 BLACKHALL ST		
City EAST PROVIDENCE		State RI	Zip 02914	City NEW LONDON	State CT
				Zip 06320	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	State
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name LASHANNA TAYLOR SWEENEY			Director Name LETITIA NOLAN		
Street Address 97 WALNUT ST			Street Address 105 BLACKHALL ST		
City EAST PROVIDENCE		State RI	Zip 02914	City NEW LONDON	State CT
				Zip 06320	
Director Name TANAYA TAYLOR			Director Name		
Street Address 290 DUDLEY ST			Street Address		
City PROVIDENCE		State RI	Zip 02907	City	State
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>					
<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 LETITIA NOLAN				Date SEPTEMBER 14, 2023	
Signature of Officer/Authorized Representative <i>Letitia Nolan</i>				<b>FILED</b>	

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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