

## State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. 000156059
- 2. Name of Corporation Scholarships To Economically Poor Students (STEPS)
- 3. State of Incorporation

State: RI

#### NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

**NAICS** Code

813920

#### 4. Principal Office Address

No. and Street: <u>135 PRAIRIE AVE.</u>

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

### TO PROVIDE EDUCATIONAL SCHOLARSHIPS FOR INDIGENT CHILDREN

#### 6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	DAN CORLEY	135 PRAIRIE AVE. PROVIDENCE, RI 02905 US
DIRECTOR	MARGARAT KNOWLTON	1000 EDDY ST PROVIDENCE , RI 02905 USA
DIRECTOR	JOHN WOLF	525 BRANCH AVE. PROVIDENCE, RI 02904 USA
DIRECTOR	MARIE MYERS	582 ELMWOOD AVE PROVIDENCE, RI 02905 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DANIEL CORLEY 135 PRAIRIE AVENUE PROVIDENCE, RI 02905

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 25 Day of January, 2024 at 12:57:53 PM by the authorized person.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By BETZAIDA VELEZ

Signature of Authorized Person

Form No. 631 Revised 09/07

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