

**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.** 000071829**2. Name of Corporation** First Step at Kingston, Inc.**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 [click here](#).

NAICS Code

624410**4. Principal Office Address**No. and Street: 25 WEST INDEPENDENCE WAYCity or Town: KINGSTONState: RI Zip: 02881 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**PROVIDING QUALITY DAY CARE SERVICES FOR 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**

First, Middle, Last, Suffix

**Address**

Address, City or Town, State, Zip Code, Country

SECRETARY	JAYNE GRIECO	390 GOODY HALLET DRIVE EASTHAM, MA 02642 USA
PRESIDENT	RALPH GRIECO	390 GOODY HALLET DRIVE EASTHAM, MA 02642 USA
TREASURER	RALPH GRIECO	390 GOODY HALLET DRIVE EASTHAM, MA 02642 USA
DIRECTOR	JAYNE GRIECO	390 GOODY HALLET DRIVE EASTHAM, MA 02642 USA
DIRECTOR	RALPH GRIECO	390 GOODY HALLET DRIVE EASTHAM, MA 02642 USA
DIRECTOR	KEVIN GRIECO	290 GOODY HALLET DRIVE EASTHAM, MA 02642 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**

RALPH GRIECO 3239 POST ROAD WARWICK , RI 02886

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

**Signed this 11 Day of March, 2024 at 1:13:57 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 RALPH M GRIECO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved