



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV.

Annual Report for the year: **2021**

Non-Profit Corporation

2021 DEC 21 AM 10:19

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>001688756</b>	2. Exact name of the Corporation <b>Love and Compassion Adult Day Health Care Center</b>
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island TO PROVIDE A LOVING, COMPASSIONATE, SAFE, HEALTHY AND EDUCATIONAL PLACE FOR THE ELDERLY AND DISABLED
4. NAICS Code 813319 - Other Social Advocacy	

6. Principal Office Address 92 EAST AVENUE	City PAWTUCKET	State RI	Zip 02860
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIO MANCEBO</b>		Vice-President Name <b>JUAN PABLO GORIS</b>			
Street Address <b>12 PETER ST</b>		Street Address <b>115 WAVERLY ST</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>BRUNILDA GORIS</b>		Treasurer Name <b>ORLANDYS M NUEVA</b>			
Street Address <b>115 WAVERLY ST</b>		Street Address <b>12 PETER ST</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>

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 <input type="checkbox"/></span>					
Director Name <b>MARIO MANCEBO</b>		Director Name <b>JUAN PABLO GORIS</b>			
Street Address <b>12 PETER ST</b>		Street Address <b>115 WAVERLY ST</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>LIDIA MARTA CASTILLO</b>		Director Name			
Street Address <b>55 VEAZIE ST APT 214</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	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.**

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

Name of Officer/Authorized Representative <b>MARIO MANCEBO</b>	Date <b>12/20/2021</b>
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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 5TG9E A.A. 10:20 AM  
 FORM 631 - Revised: 08/2020