



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 DEC 21 AM 10:19

1. Entity ID Number 001694049		2. Exact name of the Corporation Loving Care Transportation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE TRANSPORTATION FOR ADULTS			
4. NAICS Code .624120 - Services for Elderly and					
6. Principal Office Address 665 CHARLES ST		City PROVIDENCE	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIO MANCEBO		Vice-President Name JUAN PABLO GORIS			
Street Address 12 PETER ST		Street Address 115 WAVERLY ST			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02907
Secretary Name BRUNILDA GORIS		Treasurer Name ORLANDYS M NUEVA			
Street Address 115 WAVERLY ST		Street Address 12 PETER ST			
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02904
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 MARIO MANCEBO		Director Name JUAN PABLO GORIS			
Street Address 12 PETER ST		Street Address 115 WAVERLY ST			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02907
Director Name LIDIA MARTA CASTILLO		Director Name			
Street Address 55 VEAZIE ST APT 214		Street Address			
City PROVIDENCE	State RI	Zip 02908	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MARIO MANCEBO				Date 12/20/2021	
Signature of Officer/Authorized Representative 					

FILED

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BY STG9E

A.A. 10:20AM.

MAIL TO:
Division of Business Services
48 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov