



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 SEP 12 P 3:55

- 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 <u>001688756</u>		2. Exact name of the Corporation <u>Love and compassion Adult Day Care Center</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Compassionate and Loving adult day care purpose improve the health and education of the Elderly</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>92 East Av.</u>		City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02904</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Mario Mancebo</u>		Vice-President Name <u>Lidia Martha Castillo</u>	
Street Address <u>12 Peter St</u>		Street Address <u>55 WPAZEE ST APT 214</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u>
Secretary Name <u>Lizandra Luna</u>		Treasurer Name	
Street Address <u>12 Peter apart #2</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City
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 <u>Mario Mancebo</u>		Director Name <u>Lidia Martha Castillo</u>	
Street Address <u>12 Peter St</u>		Street Address <u>55 WPAZEE</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u>
Director Name <u>Juan Pablo Boris</u>		Director Name	
Street Address <u>115 Waverly St</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City
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 <u>Mario Mancebo</u>			Date <u>9/12/23</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

FILED

SEP 12 2023
BY ML 1266

FORM 631- Revised 04/2023