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

**Annual Report for the year:** 2024 Amended no fee  
**Non-Profit Corporation**

- 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>001731667</u>		2. Exact name of the Corporation <u>THE Heart Tree - Hispanic Foster and Adoptive Parents organization of Rhode Island</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>support the Hispanic foster and adoptive parents community meet their needs, handle donations, organize events, doing training to help foster parents with translations, training for the childrens, Danza clas</u>	
4. NAICS Code <u>000062</u>			
6. Principal Office Address <u>137 Moore St</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02889</u>	
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Jorge Saborio</u>		Vice-President Name	
Street Address <u>137 Moore St</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	
Secretary Name <u>Ana Ceballos</u>		Treasurer Name <u>Gilberto Munoz</u>	
Street Address <u>32 Hamilton St</u>		Street Address <u>3070 W. Shore Rd</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Warwick</u>
			State <u>RI</u>
			Zip <u>02886</u>
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 <u>Minolly Saborio</u>		Director Name <u>Cormen Rosario</u>	
Street Address <u>137 Moore St</u>		Street Address <u>67 Bingley Terrace</u>	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Johnston</u>
			State <u>RI</u>
			Zip <u>02919</u>
Director Name <u>Jorge Saborio</u>		Director Name	
Street Address <u>137 Moore St</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 <u>Minolly Saborio</u>			Date <u>7/11/2024</u>
Signature of Officer/Authorized Representative <u>Minolly Saborio</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**

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FORM 631- Revised: 04/2023



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

July 11, 2024 01:13 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

