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.

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1. Entity ID Number: 001731667	2. Exact name of the Corporation: THE Heart Tree - Hispanic Foster and Adoptive Parents organization of Rhode Island
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: 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 class
4. NAICS Code: 000062	

6. Principal Office Address	City	State	Zip
137 Moore ST	Warwick	Rt	02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jorge Saborio			Vice-President Name:		
Street Address: 137 moore st			Street Address:		
City: Warwick	State: RI	Zip: 02889	City:	State:	Zip:
Secretary Name: Ana ceballos			Treasurer Name: gilberto Munoz		
Street Address: 32 HAMilton st			Street Address: 3070 w. shore rd		
City: Providence	State: RI	Zip: 02907	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Minolly Saborio			Director Name: Carmen Bosario		
Street Address: 137 Moore st			Street Address: 67 Bingley terrance		
City: Warwick	State: RI	Zip: 02889	City: Johnston	State: RI	Zip: 02919
Director Name: Jorge Saborio			Director Name:		
Street Address: 137 Moore St			Street Address:		
City: Warwick	State: RI	Zip: 02889	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	Date
Minolly Saborio	7/11/2024

Signature of Officer/Authorized Representative: Minolly Saborio

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 AR

FORM 631- Revised: 04/2023