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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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>000007548</u>		2. Exact name of the Corporation <u>Jesus Amor de Dios para el mundo</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>A church serving God in our community. Our purpose is to bring the love and word of God to all of our community.</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>52 LYON ST</u>			City <u>PAWTUCKET</u>	State <u>R.I</u>	Zip <u>02860</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>RAMON APOnte</u>			Vice-President Name		
Street Address <u>52 LYON ST</u>			Street Address		
City <u>PAWTUCKET</u>	State <u>R.I</u>	Zip <u>02860</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>Leida APOnte</u>			Director Name <u>RAMON APOnte</u>		
Street Address <u>80 Ashburne ST</u>			Street Address <u>52 LYON ST</u>		
City <u>PAWTUCKET</u>	State <u>R.I</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>R.I</u>	Zip <u>02860</u>
Director Name <u>MARIA MISANDA</u>			Director Name		
Street Address <u>594 Weeden ST</u>			Street Address		
City <u>PAWTUCKET</u>	State <u>R.I</u>	Zip <u>02860</u>	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, or Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>RAMON APOnte</u>				Date <u>12/27/24</u>	
Signature of Officer/Authorized Representative <u>Ramon APOnte</u>				DEC 27 2024 BY <u>KATDM</u>	

MAIL TO:  
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