



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.

REC'D RIDES BSD  
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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>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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>	
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>[Signature]</u>			DEC 27 2024
			BY <u>KATDM</u>

MAIL TO:  
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