



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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.

R.I. CD RIDOS BSD
24 DEC 27 PM 3:45:44

1. Entity ID Number 000007548		2. Exact name of the Corporation Jesus Amor de Dios para el mundo			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A church serving God in our community. Our purpose is to bring the love and word of God to all of our community.			
4. NAICS Code 813110					
6. Principal Office Address 52 LYON ST			City PAWTUCKET	State R.I	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAMON APOnte			Vice-President Name		
Street Address 52 LYON ST			Street Address		
City PAWTUCKET	State R.I	Zip 02860	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. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LEIDA APOnte			Director Name RAMON APOnte		
Street Address 80 Ashburne ST			Street Address 52 LYON ST		
City PAWTUCKET	State R.I	Zip 02861	City PAWTUCKET	State R.I	Zip 02860
Director Name MARIA MIRANDA			Director Name		
Street Address 591 Weeden ST			Street Address		
City PAWTUCKET	State R.I	Zip 02860	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 RAMON APOnte					Date 12/27/24
Signature of Officer/Authorized Representative 					

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
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FORM 631- Revised 04/2023