



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2012  
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<br><u>000007548</u>  |                     | 2. Exact name of the Corporation<br><u>Jesus Amor de Dios para el Mundo</u>  |                                      |                         |                     |
| 3. State of Incorporation<br><u>RI</u>   |                     | 5. Brief description of the character of business conducted in Rhode Island<br><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<br><u>813110</u>   |                     |  |                                      |                         |                     |
| 6. Principal Office Address<br><u>52 LYON ST</u>   |                     |  | City<br><u>PAWTUCKET</u>             | State<br><u>R.I</u>     | Zip<br><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<br><u>Ramon Aponte</u>  |                     |  | Vice-President Name                  |                         |                     |
| Street Address<br><u>52 LYON ST</u>  |                     |  | Street Address                       |                         |                     |
| City<br><u>PAWTUCKET</u>   | State<br><u>R.I</u> | Zip<br><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<br><u>Leida Aponte</u>   |                     |  | Director Name<br><u>Ramon Aponte</u> |                         |                     |
| Street Address<br><u>80 Ashburne St</u>  |                     |  | Street Address<br><u>52 LYON ST</u>  |                         |                     |
| City<br><u>PAWTUCKET</u>   | State<br><u>R.I</u> | Zip<br><u>02861</u>  | City<br><u>PAWTUCKET</u>             | State<br><u>R.I</u>     | Zip<br><u>02860</u> |
| Director Name<br><u>MARIA MISANDA</u>  |                     |  | Director Name                        |                         |                     |
| Street Address<br><u>594 Weeden St</u>   |                     |  | Street Address                       |                         |                     |
| City<br><u>PAWTUCKET</u>   | State<br><u>R.I</u> | Zip<br><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, Duty Authorized Representative, Receiver or Trustee.                                  |                     |  |                                      |                         |                     |
| Name of Officer/Authorized Representative<br><u>Ramon Aponte</u>   |                     |  | FILED                                | Date<br><u>12/27/24</u> |                     |
| Signature of Officer/Authorized Representative<br>   |                     |  | DEC 27 2024<br><u>RAMON</u>          |                         |                     |

MAIL TO:  
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