



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 RIDOS BSD
25 APR 22 AM 11:06:02

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, translations, classes and training for the childrens, dance class, support group teens.	
4. NAICS Code 000062			
6. Principal Office Address 137 Moore St		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jorge Saborio		Vice-President Name Johanny Pimentel	
Street Address 137 Moore St		Street Address 200 heroux blvd	
City warwick	State RI	City Cumberland	State RI
Zip 02889		Zip 02864	
Secretary Name Ana Ceballos		Treasurer Name	
Street Address 32 Hamilton St		Street Address	
City Providence	State RI	City	State
Zip 02907		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 Minolly Saborio		Director Name Jorge Saborio	
Street Address 137 Moore St		Street Address 137 Moore St	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Director Name Gilberto Munoz Leonardo		Director Name	
Street Address 3070 Westshore RD Apt 24		Street Address	
City Warwick	State RI	City	State
Zip 02886		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Minolly Saborio		FILED	Date 4/22/2025
Signature of Officer/Authorized Representative Minolly Saborio		APR 22 2025	

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY EX6A7

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