



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  
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1. Entity ID Number <b>001731667</b>		2. Exact name of the Corporation <b>THE HEART TREE - Hispanic Foster and Adoptive Parents organization of Rhode Island</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>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.</b>	
4. NAICS Code <b>000062</b>			
6. Principal Office Address <b>137 Moore St</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02889</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Jorge Saborio</b>		Vice-President Name <b>Johanny Pimentel</b>	
Street Address <b>137 Moore St</b>		Street Address <b>200 heroux blvd</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02864</b>	
Secretary Name <b>Ana Ceballos</b>		Treasurer Name	
Street Address <b>32 Hamilton St</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Minolly Saborio</b>		Director Name <b>Jorge Saborio</b>	
Street Address <b>137 Moore St</b>		Street Address <b>137 Moore St</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02889</b>		Zip <b>02889</b>	
Director Name <b>Gilberto Munoz Leonardo</b>		Director Name	
Street Address <b>3070 Westshore RD Apt 24</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Minolly Saborio</b>		FILED	Date <b>4/22/2025</b>
Signature of Officer/Authorized Representative <b>Minolly Saborio</b>		APR 22 2025	

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

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