



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000588416		2. Exact name of the Corporation Goed's Voice Ministries	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Community Outreach including Mission & Broadcasting the gospel	
5. Principal office address 15 Sherman Ave		City Cumberland	State RI
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Carlos Ramirez		Vice-President Name Cynthia Ramirez	
Street Address 15 Sherman Ave		Street Address 15 Sherman Ave	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Michael N. W.		Treasurer Name Adolfo Pichardo	
Street Address 172 Bilson St		Street Address 87 Williams Ave	
City Providence	State RI	City E. Providence	State RI
Zip 02907		Zip 02914	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Carlos Ramirez		Director Name Cynthia Ramirez	
Street Address 15 Sherman Ave		Street Address 15 Sherman Ave	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Director Name Adolfo Pichardo		Director Name Michael N. W.	
Street Address 87 Williams Ave		Street Address 172 Bilson St	
City E. Providence	State RI	City Providence	State RI
Zip 02914		Zip 02907	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	
Check No	
By	By 215787
FOR SECRETARY OF STATE USE ONLY	

FILED

JAN 28 2014

215787

KM

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer