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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.**

2014 APR -4 AM 11:37 SECRETARY OF STATE CORPORATIONS DIV RECEIVED

1. Entity ID No.	2. Exact name of the Corporation
79800	CHurch "Voice Who Claim God
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Adore God, Preach This Words

5. Principal office address	City	State	Zip
60 Laura st 2fl.	Providence	RI	02907

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Juana Castro	Elisa Rondon
Street Address: 60 Laura st 2fl	Street Address: 80 Laura st 2fl
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Secretary Name	**Treasurer Name**
Jovanna Castillo	Barbara Tiburcio
Street Address: 60 Laura st 2fl.	Street Address: 5 Cathedral square Apt 103
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Eddy Castellano	Carmen Diaz
Street Address: 60 Laura st 1fl	Street Address: 23 Young st N. Providence
City: Providence State: RI Zip: 02907	City: Providence State: RI Zip: 02907
Director Name	**Director Name**
Jedelis Toribio	Clemente del Rosario
Street Address: 80 Laura st 1fl.	Street Address: 489 Elmwood Av
City: Providence State: RI Zip: 02907	City: Providence State: RI 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

FILED
APR 04 2014
BY 221637

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

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.

Juana Castro — Signature of Officer — 4/04/14 Date

Juana Castro — Print or Type Name of Officer

President — Title of Officer

Form No. 631
Revised: 05/2012
105523-1-957252