



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. MA8002		2. Exact name of the Corporation Church "Voice Who Claim God"			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Adore God preach This Claim God			
5. Principal office address 101 Whitmarsh St 3FL		City Providence	State RI	Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Juana Castro			Vice-President Name Eliu Poudou		
Street Address 101 Whitmarsh St 3FL			Street Address 101 Whitmarsh St 3FL		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Isabella Castello			Treasurer Name Barbara Tibarcio		
Street Address 101 Whitmarsh St			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) <input type="checkbox"/>					
Director Name Eddy Castellanos			Director Name Carmen Diaz		
Street Address 40 Louest fl.			Street Address 23 Young St Providence		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Vedelin Toribio			Director Name Loreta Rosario		
Street Address 40 Louest fl.			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, duly Authorized Representative, Receiver or Trustee

File Date
 Check No
 DEC 19 2014
 238947
 A.A.
 FOR SECRETARY OF STATE USE ONLY
 CORPORATIONS DIV
 SECRETARY OF STATE
 Form No. 631
 Revised: 04/2014

FILED

DEC 19 2014

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A.A.

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.

Juan Castro 12/19/14
 Signature of Officer or Authorized Representative Date

Juan Castro
 Print or Type Name of Officer or Authorized Representative