



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.<br>MA8002  |             | 2. Exact name of the Corporation<br>Church "Voice Who Claim God"   |  |              |              |
| 3. State of Incorporation<br>RI   |             | 4. Brief description of the character of business conducted in Rhode Island<br>Adore God preach This Claim God |  |              |              |
| 5. Principal office address<br>101 Whitmarsh St 3FL   |             | City<br>Providence   | State<br>RI                                  | Zip<br>02907 |              |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ('X' BOX FOR ATTACHMENT) <input type="checkbox"/>  |             |  |  |              |              |
| President Name<br>Juana Castro  |             |  | Vice-President Name<br>Eliu Poudou           |              |              |
| Street Address<br>101 Whitmarsh St 3FL  |             |  | Street Address<br>101 Whitmarsh St 3FL       |              |              |
| City<br>Providence  | State<br>RI | Zip<br>02907   | City<br>Providence                           | State<br>RI  | Zip<br>02907 |
| Secretary Name<br>Isabella Castello   |             |  | Treasurer Name<br>Barbara Tibarcio           |              |              |
| Street Address<br>101 Whitmarsh St  |             |  | Street Address<br>5 Cathedral Square Apt 103 |              |              |
| City<br>Providence  | State<br>RI | Zip<br>02907   | City<br>Providence                           | State<br>RI  | Zip<br>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<br>Eddy Castellanos   |             |  | Director Name<br>Carmen Diaz                 |              |              |
| Street Address<br>40 Louast Hl.   |             |  | Street Address<br>23 Young St Providence     |              |              |
| City<br>Providence  | State<br>RI | Zip<br>02907   | City<br>Providence                           | State<br>RI  | Zip<br>02907 |
| Director Name<br>Vedelin Toribio  |             |  | Director Name<br>Loreta Rosario              |              |              |
| Street Address<br>40 Louast St Hl.  |             |  | Street Address<br>489 Elmwood Av.            |              |              |
| City<br>Providence  | State<br>RI | Zip<br>02907   | City<br>Providence                           | State<br>RI  | Zip<br>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

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