



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV
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1. Entity ID Number 000588416		2. Exact name of the Corporation God's Voice Ministries	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Christian Church	
4. NAICS Code 813110			
6. Principal Office Address 15 Sherman Ave		City Cumberland	State RI Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an 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 Norma Luciano		Treasurer Name Priscilla Perez	
Street Address 233 Roosevelt St		Street Address 1108 Westminster St APT K1	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02907	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Adolfo Pichardo		Director Name Betzaid Munoz	
Street Address 87 Williams Ave		Street Address 233 Roosevelt St	
City E. Providence	State RI	City Providence	State RI
Zip 02914		Zip 02909	
Director Name Michael Nina		Director Name	
Street Address 70 Stamford Ave		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Carlos Ramirez		Date 10/10/17	
Signature of Officer/Authorized Representative 			

FILED

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BY 314544