



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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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2017 OCT 11 AM 11:21

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

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

OCT 11 2017  
BY 314544

FORM 631 - Revised: 08/2017