



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

| | | | | | |
|---|--------------------|---|---------------------------|------------------------|---------------------|
| 1. Entity ID Number <u>000083611</u> | | 2. Exact name of the Corporation <u>Voice of one crying in the wilderness</u> | | 2021 JUL 23 P 1:45 | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>Cristian organization</u> | | | |
| 4. NAICS Code <u>831110</u> | | | | | |
| 6. Principal Office Address <u>P.O. BOX 73128 PROV. RI 02907</u> | | City <u>Woonsocket</u> | State <u>RI</u> | Zip <u>02895</u> | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/> | | | | | |
| President Name <u>Nelly Delacruz</u> | | Vice-President Name <u>Yenny Breton</u> | | | |
| Street Address <u>115 SIX AVE</u> | | Street Address <u>632 River St</u> | | | |
| City <u>Woonsocket</u> | State <u>RI</u> | Zip <u>02895</u> | City <u>Woonsocket</u> | State <u>RI</u> | Zip <u>02895</u> |
| Secretary Name <u>JUAN Delacruz</u> | | Treasurer Name <u>DEISY Fernandez</u> | | | |
| Street Address <u>632 RIVER ST</u> | | Street Address <u>138 Backlor St</u> | | | |
| City <u>Woonsocket</u> | State <u>RI</u> | Zip <u>02895</u> | City <u>PROVIDENCE</u> | State <u>RI</u> | Zip <u>02907</u> |
| 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 <u>Dulce M Gonzalez</u> | | Director Name <u>ANA MARTINEZ</u> | | | |
| Street Address <u>327 Wood St</u> | | Street Address <u>514 Broad St</u> | | | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | Zip <u>02907</u> | City <u>PROVIDENCE</u> | State <u>RI</u> | Zip <u>02907</u> |
| Director Name <u>Ector Martinez</u> | | Director Name <u>Narsisa delacruz</u> | | | |
| Street Address <u>115 SIX AVE</u> | | Street Address <u>632 RIVER ST</u> | | | |
| City <u>Woonsocket</u> | State <u>RI</u> | Zip <u>02895</u> | City <u>Woonsocket</u> | State <u>RI</u> | Zip <u>02895</u> |
| 9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Nelly Delacruz</u> | | | | Date <u>7/23/21</u> | |
| Signature of Officer/Authorized Representative <u>Nelly de la Cruz</u> | | | | | |

FILED

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

JUL 23 2021
BY CA RAH8
1:45

FORM 631 - Revised: 08/2020