



State of Rhode Island  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023**: 2023

1. Corporate ID No. 000312383

2. Name of Corporation Voz Informativa De Amor (V.I.D.A.)

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 609 SMITHFIELD ROAD

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02904

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

RELIGIOUS MINISTRY, CHARITABLE AND RELATED ACTIVITIES

6. Names and Addresses of the Officers and Directors:

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	ANTONIO S. TAVARES MR.	15 JACOB STREET SEEKONK, MA 02771 USA
VICE PRESIDENT	HIGINO PINA	609 SMITHFIELD ROAD NORTH PROVIDENCE, RI 02904 UNI
DIRECTOR	JOHN R SILVA	83 BENJAMIN ST PAWTUCKET, RI 02861 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HIGINO PINA 609 SMITHFIELD ROAD NORTH PROVIDENCE , RI 02904

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of July, 2023 at 9:46:09 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LUCILINA SILVA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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