



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 MAR 20 PM 12:53:10

1. Entity ID Number <u>000083611</u>		2. Exact name of the Corporation <u>VOICE OF ONE CRYING IN THE WILDERNESS</u>	
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>115 SIX AVE</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 ☐			
President Name <u>Nelly Delacruz</u>		Vice-President Name <u>Yenwyl Breton</u>	
Street Address <u>115 6 AVE</u>		Street Address <u>115 6 AVE</u>	
City <u>WOONSOCKET</u>	State <u>RI</u>	City <u>WOONSOCKET</u>	State <u>RI</u> Zip <u>02895</u>
Secretary Name <u>ANA MARTINEZ</u>		Treasurer Name <u>Deisy Fernandez</u>	
Street Address <u>514 Broad St</u>		Street Address <u>138 Backor St</u>	
City <u>Providence</u>	State <u>RI</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 ☐			
Director Name <u>NARSISA DELACRUZ</u>		Director Name <u>Yenwyl Breton</u>	
Street Address <u>35 Parker St</u>		Street Address <u>115 6 AVE</u>	
City <u>West Wunoy</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u> Zip <u>02895</u>
Director Name <u>Nelly Delacruz</u>		Director Name	
Street Address <u>115 SIX AVE</u>		Street Address	
City <u>Woonsocket</u>	State <u>RI</u>	City	State Zip
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
Signature of Officer/Authorized Representative <u>Nelly de la Cruz</u>			

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

MAR 20 2024
BY 31CM4

FORM 631- Revised: 04/2023