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**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.

1. Entity ID Number <u>000 588 416</u>		2. Exact name of the Corporation <u>Good's Voice Ministries</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Community outreach including missions support systems and broadcasting the Gospel.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>10 Sherman Ave</u>		City <u>Cambridge</u>	State <u>RI</u> Zip <u>02864</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Carlos Ramirez</u>		Vice-President Name <u>Cynthia Ramirez</u>	
Street Address <u>10 Sherman Ave</u>		Street Address <u>10 Sherman Ave</u>	
City <u>Cambridge</u>	State <u>RI</u>	City <u>Cambridge</u>	State <u>RI</u> Zip <u>02864</u>
Secretary Name <u>Norma Luciano</u>		Treasurer Name <u>Lotus Brigham</u>	
Street Address <u>238 Roosevelt St</u>		Street Address <u>150 Hones Farm Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Warren</u>	State <u>RI</u> Zip <u>02881</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>Adolfo Pichardo</u>		Director Name <u>Betzaida Muñoz</u>	
Street Address <u>80 William Ave</u>		Street Address <u>233 Roosevelt St</u>	
City <u>E. Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
Director Name <u>Maria Santana</u>		Director Name	
Street Address <u>Basil Crossing</u>		Street Address	
City <u>Warren</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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <u>Carlos J. Ramirez, president</u>		FILED	Date <u>11/9/24</u>
Signature of Officer/Authorized Representative 		NOV 07 2024 BY <u>VS FRK</u> <u>1130</u>	

MAIL TO:
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Website: www.sos.ri.gov