



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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
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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 6th AVE APT #2</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 DE LA CRUZ</u>		Vice-President Name <u>YOEY S. BRETON</u>	
Street Address <u>115 6th AVE APT #2</u>		Street Address <u>719 16th St APT #1</u>	
City <u>WOONSOCKET</u>	State <u>RI</u>	City <u>VIRGINIA BEACH</u>	State <u>VA</u> Zip <u>23451</u>
Secretary Name <u>ANA GISELLE VILLOT</u>		Treasurer Name <u>YENWY BRETON</u>	
Street Address <u>719 16th St APT #1</u>		Street Address <u>115 6th AVE APT #2</u>	
City <u>VIRGINIA BEACH</u>	State <u>VA</u>	City <u>WOONSOCKET</u>	State <u>RI</u> Zip <u>02895</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>NARBISA De la CRUZ</u>		Director Name <u>YOEY S BRETON</u>	
Street Address <u>35 PARKER ST</u>		Street Address <u>719 16th St</u>	
City <u>W WARWICK</u>	State <u>RI</u>	City <u>VIRGINIA BEACH</u>	State <u>VA</u> Zip <u>23451</u>
Director Name <u>Nelly de la CRUZ</u>		Director Name <u>YENWY BRETON</u>	
Street Address <u>115 6th AVE APT #2</u>		Street Address <u>115 6th AVE APT #2</u>	
City <u>WOONSOCKET</u>	State <u>RI</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 De la Cruz</u>			Date <u>11-8-2024</u>
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

FILED

NOV 08 2024
FORM 531- Revised 6/2023

BY [Signature]



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 08, 2024 03:32 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

