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**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year: 2025 Amended no fee**  
**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 <b>000083611</b>		2. Exact name of the Corporation <b>VOICE OF ONE CRYING IN THE WILDERNESS</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CRISTIAN ORGANIZATION.</b>	
4. NAICS Code <b>831110</b>			
6. Principal Office Address <b>115 6th AVE APT#2</b>		City <b>WOONSOCKET</b>	State <b>RI</b> Zip <b>02895</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>YOEY SONNY BRETTON</b>		Vice-President Name <b>YENWY N. BRETTON</b>	
Street Address <b>115 6th AVE APT#2</b>		Street Address <b>115 6th AVE APT#2</b>	
City <b>WOONSOCKET</b>	State <b>RI</b>	City <b>WOONSOCKET</b>	State <b>RI</b> Zip <b>02895</b>
Secretary Name <b>NELLY DE LA CRUZ</b>		Treasurer Name <b>YENWY N BRETTON</b>	
Street Address <b>115 6th AVE APT#2</b>		Street Address <b>115 6th AVE APT#2</b>	
City <b>WOONSOCKET</b>	State <b>RI</b>	City <b>WOONSOCKET</b>	State <b>RI</b> Zip <b>02895</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>YOEY SONNY BRETTON</b>		Director Name <b>YENWY BRETTON</b>	
Street Address <b>115 6th AVE</b>		Street Address <b>115 6th AVE</b>	
City <b>WOONSOCKET</b>	State <b>RI</b>	City <b>WOONSOCKET</b>	State <b>RI</b> Zip <b>02895</b>
Director Name <b>NELLY DE LA CRUZ</b>		Director Name	
Street Address <b>115 6th AVE</b>		Street Address	
City <b>WOONSOCKET</b>	State <b>RI</b>	City	State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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>			
<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 <b>Nelly de la Cruz</b>			Date <b>11/12/24</b>
Signature of Officer/Authorized Representative			

**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 12 2024**  
**BY AA. 3:14 PM.**



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 12, 2024 03:14 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

