

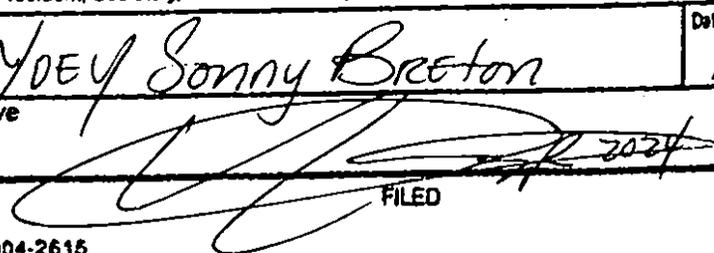
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**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2025 Amended
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 000083611		2. Exact name of the Corporation VOICE OF ONE CRYING in the wilderness			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CRISTIAN ORGANIZATION			
4. NAICS Code 831110					
6. Principal Office Address 115 6th AVE			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name YOEY Sonny BRETON			Vice-President Name ANAS VILLOT		
Street Address 115 6th AVE apt #2			Street Address 719 16th ST		
City Woonsocket	State RI	Zip 02895	City VIRGINIA BEACH	State VA	Zip 23451
Secretary Name TEKIRI STUTTS			Treasurer Name WILFRED RAMOS		
Street Address 16 BALCOM ST			Street Address 16 BALCOM ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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 YOEY Sonny BRETON			Director Name ANAS VILLOT		
Street Address 115 6th AVE apt #2			Street Address 719 16th ST		
City Woonsocket	State RI	Zip 02895	City VIRGINIA BEACH	State VA	Zip 23451
Director Name WILFRED RAMOS			Director Name		
Street Address 16 BALCOM ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 YOEY Sonny BRETON					Date NOV-15-2024
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

NOV 15 2024

FORM 631- Revised: 04/2023

BY KS
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FILED



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 15, 2024 11:17 AM

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

Gregg M. Amore
Secretary of State

