



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.

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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</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>YOEY Sonny Breton</u>			Vice-President Name <u>ANAG VILLOT</u>		
Street Address <u>115 6th AVE Apt #2</u>			Street Address <u>719 16th ST</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>VIRGINIA BEACH</u>	State <u>VA</u>	Zip <u>23451</u>
Secretary Name <u>TEKIRRI STUTTS</u>			Treasurer Name <u>WILFRED RAMOS</u>		
Street Address <u>16 BALCOM ST</u>			Street Address <u>16 BALCOM ST</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>YOEY Sonny Breton</u>			Director Name <u>ANAG VILLOT</u>		
Street Address <u>115 6th AVE Apt #2</u>			Street Address <u>719 16th ST</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>VIRGINIA BEACH</u>	State <u>VA</u>	Zip <u>23451</u>
Director Name <u>WILFRED RAMOS</u>			Director Name		
Street Address <u>16 BALCOM ST</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</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>YOEY Sonny Breton</u>					Date <u>NOV-15-2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</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

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FORM 631- Revised: 04/2023

BY

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