



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 02761		2. Exact name of the Corporation INTERNATIONAL-CHRISTIAN-MINISTRIES	
3. State of Incorporation Rhode-Island		4. Brief description of the character of business conducted in Rhode Island HELPING FOREIGN MINISTRIES - 14-MANNING DRIVE AND -SCHOOLS-	
5. Principal office address BARRINGTON		City R.I.	State 02806
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name N. BENJAMIN CRANDALL		Vice-President Name DOUGLAS-CRANDALL	
Street Address 14-MANNING DRIVE		Street Address 84-HAMMOND ST.	
City BARRINGTON	State R.I.	City SEEKONK	State MA
Zip 02806		Zip 02771	
Secretary Name EMILY PELTOLA		Treasurer Name EMILY PELTOLA	
Street Address 724-BEVERAGE HILL AVE -B-3		Street Address 724-BEVERAGE HILL AVE	
City PAWTUCKET	State R.I.	City PAWTUCKET	State R.I.
Zip 02861		Zip 02861	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES): RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DAVID DELA CRUZ		Director Name DOUGLAS-CRANDALL	
Street Address 317 Bullocks Point Ave		Street Address 84-HAMMOND ST.	
City RIVERSIDE	State R.I.	City SEEKONK	State MA
Zip 02915		Zip 02771	
Director Name N. BENJAMIN CRANDALL		Director Name	
Street Address 14-MANNING DRIVE		Street Address	
City BARRINGTON	State R.I.	City	State
Zip 02861		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 09 2014

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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.

Signature of Officer or Authorized Representative

DOUGLAS CRANDALL

Print or Type Name of Officer or Authorized Representative

2014 MAY 9 PM 5:04
RECEIVED
OFFICE OF THE SECRETARY OF STATE
CORPORATION DIVISION