RI SOS Filing Number: 202193748620 Date: 3/9/2021 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year		(\mathcal{I})	FILE	
Non-Profit Corporation Filing period: June 1 - June 30			MAR 09 2	1021
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by July 30)/\	V (01
1. Entity 1D Number	-	B	Y	<u>0 V</u>
001689678	2. Exact name of the Corporation			
	the International C	hurch of the Men of Si	lint Joseph	
3. State of Incorporation	5 Brief descention of the above			
R.I.	cape compensation is pramized as a church under the futer Hal Revenue			
4. NAICS Code	inpoplish. The minstry includes But Not Limited To Missionary work. Evangelization and classion while the			
813110	EVANGELIZATION AND CHRISTIAN EDUCATION			
6. Principal Office Address		City	State	1
218 PARIS IONS RO		Glocester	State R. J.	02814
7. List ALL officers (names and add	resses)	Check the box to indicate an attachment		
VONAIN URB	:H	Vice-President Name . 🛖 🔒		e er i ettacimitett
Street Address 218 PARIS I	RONS Rd.	Street Address 200 Did.	P OLOBRI	
Cay Glocesten	State R. t. Zip 314	Chy Smithfield	State 5 4	Z _{(P}
Secretary Name POV. FRANCIS SANTILI		Teaseuree Name	State R. L.	02917
Street Address 612 PutNAM PikE		Street Address Con Fire A Turb! H		
CIY D II		118 PARIS	IRONS Rd.	
B. List ALL directors (names and an	State R.L. Zun 2838	city Glories tex	State R. I	Zip02814
to corporations must list at least THREE directors.				
DIRECTOR NAME DONALD TURB	J []	Director Name	011	an attachment L
Street Address 218 PARIS TRINS Dd.		Street Address 200 0. 1 D		
City Gloces tex	State R. J. 210/18/4	Car Contil Call	State k. T	7:0
Director Name Rev. FRANCIS	SA. 4:1/;	City Smith field Director Name		Zip 02917
Street Address 622 PutNAM P.KR		Street Address		
CAY GREENVIlle	State h = Zip	218 PARIS		<i>d</i>
9. Registered Agent in Rhode Island	This loformation is aureally	city Glocester	State R. T.	Zip 018/4
9. Registered Agent in Rhode Island. This Information is currently of record in the Department of State. Changes require flong Form 641. Under panalty of perfury, 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.				
Statements, and that all statements contained herein are true and correct. This report must be stored by arries by President Ves Designed On the President On the President Ves Designed On the President On th				
This report must be algred by erner the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee Name of Officer/Authorized Representative				
_ Donald turbil				
Signature of Officer/Authorized Representative				
MAILTO:	Mari			

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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