



State of Rhode Island
Department of State - Business Services Division

FEB 21 2023
 2:47:00 PM
 STAMP

Annual Report for the year: 2023
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 000062761		2. Exact name of the Corporation International Christian Ministries			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church organization and related activities			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 90 Leonard Avenue		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nathan Benjamin Crandall		Vice-President Name Douglas Crandall			
Street Address 84 Hammond Street		Street Address 84 Hammond Street			
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Daniel Paglia		Treasurer Name Thelma Sowell			
Street Address 47 Goldsmith Avenue		Street Address 142 Broadway Apartment 14			
City East Providence	State RI	Zip 02914	City Pawtucket	State RI	Zip 02860
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 Albert Dalmage		Director Name Daniel Paglia			
Street Address 188 Sandralwood Drive		Street Address 47 Goldsmith Avenue			
City Kissimmee	State FL	Zip 34743	City East Providence	State RI	Zip 02914
Director Name Thelma Sowell		Director Name Patrick Gallagher			
Street Address 142 Broadway Apartment 14		Street Address 325 Main Street			
City Pawtucket	State RI	Zip 02860	City Haverhill	State MA	Zip 01835
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Douglas Crandall				Date February 16, 2023	
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