



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001669637

2. Name of Corporation In His Presence Ministries, Inc.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 17 MARK DR.

City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO MINISTER TO INDIVIDUALS AND GROUPS WHO ARE NOT CHRISTIANS BY
EVANGELIZING AND PROCLAIMING THE GOSPEL OF JESUS CHRIST THROUGH
PREACHING TEACHING AND WRITING

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JACQUELINE ANNE STROTHOFF	27 MARK DR NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	RICHARD SFAMENI	5 CARRIAGE WAY NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	DOREEN EATON	329 PEARSE ROAD SWANSEA, MA 02777 USA
DIRECTOR	RON EATON	329 PEARSE ROAD SWANSEA, MA 02777 USA
DIRECTOR	MERRIDY SERSEN	331 NINTH ST MIFFLINTOWN, PA 17059 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JACQUELINE STROTHOFF 121 WEST BLUE RIDGE RD CRANSTON , RI 02920

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

Signed this 16 Day of May, 2024 at 8:16:35 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JACQUELINE A STROTHOFF
Signature of Authorized Person

Form No. 631
Revised 09/07

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