



**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 2025: 2025

1. Corporate ID No. 001736041

2. Name of Corporation PRESENT HELP OUTREACH MINISTRY

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: 205 UNIT STREET

City or Town: PROVIDENCE

State: RI

Zip: 02909

Country: USA

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

PRESENT HELP OUTREACH MINISTRY (PHOM) IS A NON-PROFIT CHRISTIAN OR FAITH-BASED ORGANIZATION THAT PROVIDES FREE HOLISTIC PASTORAL CARE FOR VETERANS AND INDIVIDUALS GOING THROUGH ISSUES OF LIFE SUCH AS POST-TRAUMATIC STRESS DISORDER (PTSD), ABUSE (SPIRITUAL, EMOTIONAL, PSYCHOLOGICAL, VERBAL, AND PHYSICAL), DYSFUNCTIONAL MARRIAGE, ANXIETY, DEPRESSION, AND OTHERS. THIS NON-PROFIT ORGANIZATION SHALL PROVIDE FREE TRAINING, COACHING, MENTORING, EMPOWERMENT, COPING SKILLS, AND PASTORAL COUNSELING TO VETERANS AND THEIR SPOUSES.

PASTORS, AND MINISTERS, AS WELL AS INDIVIDUALS AND COUPLES WHO ARE FACING SPIRITUAL, PHYSICAL, EMOTIONAL, AND SOCIAL CHALLENGES.

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	OLUSEGUN JOSEPH MARTINS	205 UNIT STREET PROVIDENCE, RI 02909 USA
INCORPORATOR	OLUSEGUN JOSEPH MARTINS	205 UNIT STREET PROVIDENCE, RI 02909 USA
DIRECTOR	OLUSEGUN JOSEPH MARTINS	205 UNIT STREET PROVIDENCE , RI 02909 USA
DIRECTOR	OMOWUNMI MARTINS	205 UNIT STREET PROVIDENCE, RI 02909 USA
DIRECTOR	ANTHONIA EGHAREVBA	PO BOX 72788 PROVIDENCE, RI 02907 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

OLUSEGUN MARTINS 205 UNIT STREET PROVIDENCE , RI 02909

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

Signed this 23 Day of January, 2025 at 12:42:48 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 OLUSEGUN JOSEPH MARTINS
Signature of Authorized Person

Form No. 631
Revised 09/07