



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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.

REC'D RIDOS BSD
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1. Entity ID Number <u>001689678</u>		2. Exact name of the Corporation <u>The INTERNATIONAL Church of the Men of SAINT Joseph</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>The CORPORATION IS ORGANIZED AS A Church UNDER THE INTERNAL Revenue Code Section 501(C) WITH AN INTERNATIONAL OUTREACH INVOLVING Men's Ministries IN addition the ministry includes PRAYER.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>218 Paris Trans Rd.</u>		City <u>Glocester</u>	State <u>R.I.</u>
		Zip <u>02814</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DONALD TURBITT</u>		Vice-President Name	
Street Address <u>218 Paris Trans Rd.</u>		Street Address	
City <u>Glocester</u>	State <u>R.I.</u>	Zip <u>02814</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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 <u>John Olobr</u>		Director Name <u>Lucien Laport</u>	
Street Address <u>209 Ridge Rd.</u>		Street Address <u>17A Poppin John Lane</u>	
City <u>Smithfield</u>	State <u>R.I.</u>	Zip <u>02917</u>	
Director Name <u>Steven Nolan</u>		Director Name	
Street Address <u>315 Old River Rd.</u>		Street Address	
City <u>Mauville</u>	State <u>R.I.</u>	Zip <u>02838</u>	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>DONALD TURBITT</u>		Date <u>4-17-25</u>	
Signature of Officer/Authorized Representative <u>Donald Turbitt</u>		BY <u>YSKOB</u>	

MAIL TO:
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