



**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.

1. Entity ID Number <b>000062761</b>		2. Exact name of the Corporation <b>International Christian Ministries</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church organization and related activities</b>			
4. NAICS Code <b>813119-Religious, Granting</b>					
6. Principal Office Address <b>90 Leonard Avenue</b>			City <b>Eas Providence</b>	State <b>RI</b>	Zip <b>02914</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Douglas Crandall</b>			Vice-President Name		
Street Address <b>84 Hammond Street</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>Daniel Paglia</b>			Treasurer Name <b>Thelma Sowell</b>		
Street Address <b>47 Goldsmith Avenue</b>			Street Address <b>20 Whelden Avenue Apartment 209</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Alberty Dalmage</b>			Director Name <b>Daniel Paglia</b>		
Street Address <b>188 Sandralwood Drive</b>			Street Address <b>47 Goldsmith Avenue</b>		
City <b>Kissimmee</b>	State <b>FL</b>	Zip <b>34743</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>Thelma Sowell</b>			Director Name		
Street Address <b>20 Whelden Ave Apartment 209</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Douglas Crandall</b>				Date <b>6-30-2025</b>	
Signature of Officer/Authorized Representative <i>Douglas Crandall</i>				<b>FILED</b> <b>JUN 18 2025</b> <b>BY 26056</b> <i>EG</i>	

**MAIL TO:**

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov