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.

2025 JUN 18 A 11:27

1. Entity ID Number	2. Exact name of the Corporation
000062761	International Christian Ministries
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Church organization and related activities
4. NAICS Code	
813119 Religious Organ	

6. Principal Office Address	City	State	Zip
90 Leonard Avenue	Eas Providence	RI	02914

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Douglas Crandall			Vice-President Name:		
Street Address: 84 Hammond Street			Street Address:		
City: Seekonk	State: MA	Zip: 02771	City:	State:	Zip:
Secretary Name: Daniel Paglia			Treasurer Name: Thelma Sowell		
Street Address: 47 Goldsmith Avenue			Street Address: 20 Whelden Avenue Apartment 209		
City: East Providence	State: RI	Zip: 02914	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Alberty 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:		
Street Address: 20 Whelden Ave Apartment 209			Street Address:		
City: East Providence	State: RI	Zip: 02914	City:	State:	Zip:

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	Date
Douglas Crandall	**6-30-2025**

Signature of Officer/Authorized Representative: Douglas Crandall

FILED
JUN 18 2025
BY 26050

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

FORM 631- Revised: 12/2023