State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation
000118179	CHAPLAIN MINISTRY HELP FOR THE CHILDREN, INC
3. State of Incorporation: State: RI	5. Brief description of the character of business conducted in Rhode Island: Youth Action and dedicated Veterans Chaplain Ministers at the Forefront Providing care for orphans, Needy, Children Elderly Promoting Spiritual Social and economic.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
38 William Ellery PL	PROVIDENCE	RI	02904

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

President Name	Vice-President Name
Kenol Torchon	Johnny Jeune
Street Address: 38 William Ellery PL	Street Address: 38 William Ellery Pl
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02904
Secretary Name	**Treasurer Name**
Ricardo LeBlanc	Kenol Torchon
Street Address: 38 william Ellery Pl	Street Address: 38 William Ellery Place
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02904

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

Director Name	Director Name
Sunshine Power / Bishop	Eber Torchon
Street Address: 38 william Ellery Pl	Street Address: 38 william Ellery Pl
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02904
Director Name	**Director Name**
Johnny Jeune	Ricardo Leblanc
Street Address: 38 William Ellery Place	Street Address: 38 William Ellery Pl
City: Providence State: RI Zip: 02904	City: Providence State: RI Zip: 02904

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
Kenol Torchon	FILED	10/06/25
Signature of Officer/Authorized Representative: Kenol Torchon	OCT - 6 2025	

BY W0H45

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov