



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.

1. Corporate ID No. <b>133088</b>		2. Name of Corporation <b>MOUNTAIN OF FIRE AND MIRACLES MINISTRIES</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>403 CHARLES STREET</b>	
		City <b>PROVIDENCE</b>	Zip <b>02904</b>
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Church</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>DR DANIEL KOLAWOLE OLUKOYA</b>		Vice President Name	
Street Address <b>13 OLASIMBO STREET ONIKE</b>		Street Address	
City <b>YABA LAGOS</b>	State <b>LAGOS</b>	Zip <b>NIGERIA</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>PASTOR ISAAC OLAHANJU</b>		Director Name <b>RICHARD OLUSEGUN AKAPO</b>	
Street Address <b>443 COLUMBUS AVE</b>		Street Address <b>11 KNOWLES STREET</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>	
Director Name <b>NATASHA CHITTIK</b>		Director Name <b>LADIPO OSHINKANLU</b>	
Street Address <b>403 Charles street</b>		Street Address <b>123 MERCY STREET</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	
9. REGISTERED AGENT IN RHODE ISLAND <b>DR DANIEL K. OLUKOYA 403 CHARLES STREET PROVIDENCE RI 02909</b>			

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

**MAR 09 2009**

BY **AMF**  
**12:36**  
**P3016**

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.

**DR OluKoya** **03/09/09**  
Signature of Officer Date

**DANIEL KOLAWOLE OLUKOYA**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

File Date <b>03/09/09</b>
Check No. <b>2009 MAR -9</b>
By: <b>AMF</b>
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