

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 2009

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.

penaity jee of \$25.00.					···	
1. Corporate 1) No 2. Name of Corporation Christ Miracle Church Services, Inc.						
3. State of Incorporation	4. Corporate address in Ri	bode tsland - Street Address IKS+ONL	i	Providence	O29 08	
5 Foreign corporation. Enter principal office address			City	State	Ζφ	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To Provide Support Services						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACK President Name Rev. Agnes O. Akincolaby			Olatubosun O. Akinrolabu			
516 Chaikstone Avenue			516 Chalkstone Avenue			
Providence	RT.	02908	Providence	State RI	02908	
Folgsade Solawon			Treasurer Name Zach Sharpe			
Street Address 17 Coggeshall Street			30 Tobey Street			
Providence	State RI	02908	Providence	State PI	02908	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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						
Olatubosun O. Akınrolabu			Director Name 29Ch Sharpe			
SIG Chaikstone Avenue			80 Tobey Street			
Providence	State RI	02908	Providence	State P-T	02908	
Rev. Agnes O. Akinrolaby			Director Name			
Street Address 516 Chalkstone Avenue			Street Address			
Providence	State RI	02908	City	State	Zip	
9. REGISTERED AGENT IN RHODE ISLAND						
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 Transvers. President Secretary Transvers.						

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

	FILED	
	JUN 0 3 2009	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.
File Date	12/10/4	Hanes o'nkinroloby Signature of Officer Date
Check No.	SESTINAL SESTINAL SESTINAL CONTRACTOR SESTINAL	Rev. Agnes O. Akinrolaby
By:FOR SECRE	ETARY OF STATE USE ONLY TO THE STATE OF STATE USE ONLY TO THE STATE OF STATE USE ONLY TO THE STATE OF	Print or Type Name of Officer President Pastor Title of Officer
	A The second of	Form 631 Rev. 09/17