



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 FEB 15 AM 11:18

1. Entity ID No. 000082829		2. Exact name of the Corporation International Miracle Center			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 1955 Westminster Street		City Providence	Zip 02901
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island A nondenominational Christian Church, preach and teach the gospel of Jesus Christ.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Charles Ndifon			Vice-President Name Donna Ndifon		
Street Address 183 Shun Pike			Street Address 183 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name <i>Donna Ndifon</i>			Treasurer Name <i>Charles Ndifon</i>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Charles Ndifon			Director Name Donna Ndifon		
Street Address 183 Shun Pike			Street Address 183 Shun Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Anthony Campopiano			Director Name Diane Campopiano		
Street Address 47 Atwells Ave			Street Address 47 Atwells Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Charles Ndifon 2/13/12
 Signature of Officer Date

Charles Ndifon
 Print or Type Name of Officer

President
 Title of Officer

FILED

FEB 15 2012

By *103555*
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