



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.

1. Entity ID No. <u>86891</u>		2. Exact name of the Corporation <u>Christ Miracle Church Services, Inc.</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provide support services in community</u>	
5. Principal office address <u>516 Chalkstone Avenue</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Rev. Agnes Akinrolabu</u>		Vice-President Name <u>Olatubosun Akinrolabu</u>	
Street Address <u>516 Chalkstone Avenue</u>		Street Address <u>516 Chalkstone Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
Secretary Name <u>Folasade Solawon</u>		Treasurer Name <u>Zach Sharpe</u>	
Street Address <u>17 Coggeshall Street</u>		Street Address <u>80 Tobey Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
7. 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 <u>Olatubosun Akinrolabu</u>		Director Name <u>Zach Sharpe</u>	
Street Address <u>516 Chalkstone Avenue</u>		Street Address <u>80 Tobey Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
Director Name <u>Rev. Agnes Akinrolabu</u>		Director Name	
Street Address <u>516 Chalkstone Avenue</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State <u>RI</u> Zip
8. 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

FILED

JUN 08 2012

BY 22/1

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.

Agnes Akinrolabu 6/7/12
 Signature of Officer Date

Rev. Agnes Akinrolabu
 Print or Type Name of Officer

President / pastor
 Title of Officer