

AMENDED



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 2013 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. 133088		2. Exact name of the Corporation MOUNTAIN OF FIRE AND MIRACLES INC			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CHURCH			
5. Principal office address 99 BEVERAGE HILL AVE		City PAWTUCKET	State RI	Zip 02860	
<input checked="" type="checkbox"/> LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name MATTHEW OLUSEGUN AWOLEYE		Vice-President Name			
Street Address 95 ARTHUR ST #13		Street Address			
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name AMOS ABIODUN ADELAIDE		Treasurer Name			
Street Address 54 AVENTINE ST		Street Address			
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
<input checked="" type="checkbox"/> 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 FRANK EYETSEMITAN		Director Name OLUOLE MICHAEL OYEBODE			
Street Address 8 OLD JENCKES HILL RD		Street Address 10 S LARCHMONT ST			
City LINCOLN	State RI	Zip 02865	City NORTH PROVIDENCE	State RI	Zip 02911
Director Name OLUWATOYIN KAFAR		Director Name			
Street Address 138 WEBSTER AVE		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
<input checked="" type="checkbox"/> 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

FEB 13 2013

11:04

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.

Signature of Officer

Date

MATTHEW OLUSEGUN AWOLEYE

Print or Type Name of Officer

PRESIDENT

Title of Officer