



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000531998

2. Name of Corporation Mountain of Fire and Miracles Ministries - Providence Pavilion of Praise

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O SOPHIA MOORE
14 CLARK AVENUE

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CREATE, ESTABLISH AND OPERATE A MOUNTAIN OF FIRE AND MIRACLES
MINISTRIES CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	SOPHIA MOORE	14 CLARK AVENUE PAWTUCKET, RI 02860 USA
VICE PRESIDENT	LADY JOHNET BUSH	36 CHESTER STREET

DIRECTOR	TEMI SONUBI	PROVIDENCE, RI 02905 USA 36 STENTON AVENUE PROVIDENCE, RI 02906 USA
SECRETARY	NATASHA CHITTICK	280 PUBLIC STREET PROVIDENCE, RI 02905 USA
DIRECTOR	YEMI JOHNSON	205 OLMSTED WAY PROVIDENCE, RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DR. DANIEL K. OLUKOYA 974 CHARLES STREET NORTH PROVIDENCE , RI 02904

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of March, 2015 at 5:23:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SOPHIA MOORE
Signature of Authorized Person

Form No. 631
Revised 09/07

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