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 2016

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.	2. Exact name of the Corporation
61947	**Christ Miracle Church**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Religious services, bible study and prayers.**

5. Principal office address	City	State	Zip
516 Chalkstone Avenue	**Providence**	**RI**	**02908**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Rev. Agnes Akinrolabu	**516 Chalkstone Avenue**	**Providence**	**RI**	**02908**

Vice-President Name	Street Address	City	State	Zip
Olatubosun Akinrolabu	**516 Chalkstone Avenue**	**Providence**	**RI**	**02908**

Secretary Name	Street Address	City	State	Zip
Lawrence Garpue	**13 Balden Street**	**Providence**	**RI**	**02908**

Treasurer Name	Street Address	City	State	Zip
Zack Sharpe	**80 Tobey Street**	**Providence**	**RI**	**02908**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Olatubosun Akinrolabu	**516 Chalkstone Avenue**	**Providence**	**RI**	**02908**

Director Name	Street Address	City	State	Zip
Lawrence Garpue	**13 Balden Street**	**Providence**	**RI**	**02908**

Director Name	Street Address	City	State	Zip
Rev. Agnes Akinrolabu	**516 Chalkstone Avenue**	**Providence**	**RI**	**02908**

Director Name	Street Address	City	State	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, duly Authorized Representative, Receiver or Trustee

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

FILED
JUL 15 2016
BY CM 1107

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 7/10/16
Signature of Officer or Authorized Representative — Date

Rev. Agnes Akinrolabu
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

139840-5-1141655