

1. Entity ID No.

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 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.	Exact name of the Corporation			
1				
28949	MIRACLE COR	1100 Aug 1000	т	
3. State of Incorporation 4	Brief description of the showed	Ner CHURCH	TNG.	
	. Brief description of the character of	business conducted in Rhode Island		
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THOUE SZAND	Relicous AcT	IVITIES		
5. Frincipal office address		City	State	Zin
	SON STREET	F	State RT	Zip 02905
6. LIST ALL OFFICERS (NAMES A	NO ABDRESSES) ("X" BOX FOR A	ITTACHMENT)		
PALTA	B REEDY	Vice-President Name	<u> </u>	Constitution of the second of
Street Address	n hechy	TONALD	_S_G	RANT
136 JOHNSO	TAL STORES	Street Address		
Cipy		17 CATHY C	IRCLE	<u>E</u>
TROUIDENCE	ate RI D2905	City	State	Zip
Secretary Name	02403	PORTSMOUTH	RI	02905
LINDA HAWKII	4. \$	Treasurer Name	سماء	
Street Address		Street Address	<u> 42</u>	
565 EXUAKER	LANEAPT. #96	5/E Convers		11.4 101
City (Sta	ite Zip	565 QUIAKER L	HNE 1	411+46
WESTWARWICK	KI 02893	11/1000 10/0000000000000000000000000000	State	Zip
7. LIST ALL DIRECTORS (NAMES	ND ADDRESSES). RHODE ISLAND	CORPORATIONS MUST LIST NO L	TV) ~ _ _	02893
			ESS:IHAN	THREE (3) DIRECTORS
Director Name		Director Name		
Street Address	NIKOYI	RONALDS	GR	CANT
26 SHERW	202	Sileet Address)		1770.
	DU STREET	17 CATHY	LIRC.	1.8
PROUIDENCE State	PI Zip 02908	City		Zip
Director Name /	112 02900	I ORTS MOUTH	State	Zip 02871
LINDA H	ALU KINIC	Director Name	-	
Street Address		Street Address		
565 GUAKER L	ANE APT. # 91.	Street Address		
State State	ZIP 02843 SLAND	City	Ctata	
VEST Warmick /	(I 02843	,	State	Zip
B. REGISTERED AGENT IN RHODE I	SLAND			
his information is currently of reco	d in the Office of the Secretary of	State. Changes require filing Form 6	41	
This report must be signed to	y either the President, Vice-Presider	nt, Secretary, Assistant Secretary, Treas	urer Passin	
		The state of the s	arai, neceiv	er or trustee
		Almatan na anti-article and a second		
File Date	(2.19일 : 1.1) - 1 <u>대 (</u> 2.19)	Under penalty of perjury, I declare this report, including any accompany that all statements	and affirm	that I have examined
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that all statements contained	herein are ti	Poules and statements, rue and correct
Check No		(Sant As 9	X . /	11 10/0/1/
By:		Signature of Officer	<u> XXX</u>	4-1-11/16
FOR SECONDARY OF COMME	FILE	Tillania na	$\geq c c Z$	/ Date/
FOR SECRETARY OF STATE USE O	NLY STEEL	- 12:31 4:113 - 111	TEED,	<u>/</u>
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rm No. 631 vised: 05/2012	DEC 2 2	OTERESIDENT		
The second secon	700	Title of Officer		
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	By)	<u> </u>		
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