



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.

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|--|--------------------|--|--------------------|
| 1. Entity ID No. <u>28949</u> | | 2. Exact name of the Corporation <u>MIRACLE CORNER CHURCH INC.</u> | |
| 3. State of Incorporation <u>RHODE ISLAND</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>RELIGIOUS ACTIVITIES</u> | |
| 5. Principal office address <u>136 JOHNSON STREET</u> | | City <u>PROVIDENCE</u> | State <u>RI</u> |
| | | Zip <u>02905</u> | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name <u>VANITA AB REEDY</u> | | Vice-President Name <u>RONALD S. GRANT</u> | |
| Street Address <u>136 JOHNSON STREET</u> | | Street Address <u>17 CATHY CIRCLE</u> | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | City <u>PORTSMOUTH</u> | State <u>RI</u> |
| Zip <u>02905</u> | | Zip <u>02905</u> | |
| Secretary Name <u>LINDA HAWKINS</u> | | Treasurer Name <u>LINDA HAWKINS</u> | |
| Street Address <u>565 QUAKER LANE APT. #96</u> | | Street Address <u>565 QUAKER LANE APT. #96</u> | |
| City <u>WEST WARWICK</u> | State <u>RI</u> | City <u>WEST WARWICK</u> | State <u>RI</u> |
| Zip <u>02893</u> | | Zip <u>02893</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>TOYE ONIKOYI</u> | | Director Name <u>RONALD S. GRANT</u> | |
| Street Address <u>26 SHERWOOD STREET</u> | | Street Address <u>17 CATHY CIRCLE</u> | |
| City <u>PROVIDENCE</u> | State <u>RI</u> | City <u>PORTSMOUTH</u> | State <u>RI</u> |
| Zip <u>02908</u> | | Zip <u>02871</u> | |
| Director Name <u>LINDA HAWKINS</u> | | Director Name | |
| Street Address <u>565 QUAKER LANE APT. #96</u> | | Street Address | |
| City <u>WEST WARWICK</u> | State <u>RI</u> | City | State |
| Zip <u>02893</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

Form No. 631
Revised: 05/2012

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.

Vanita AB Reedy 12/7/16
Signature of Officer Date

FILED VANITA AB REEDY
Print or Type Name of Officer

DEC 22 2016 RESIDENT
Title of Officer

By 3931
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