RI SOS Filing Number: 201746784140 Date: 6/27/2017 4:00:00 PM

State of Rhode Island and Department of Sta			Division		R.1
Annual Report for the year: Non-Profit Corporation	2017				DEPT.
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed b	y July 30.			VCS DIV
1. Entity ID Number	2. Exact name of the Corporation				50
61947	Christ Miracle Church				
State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Religious services, bible study, and prayer meetings.				
4. NAICS Code			ay) and prayer meetings.		
813110 - Religious Organization					
6. Principal Office Address	<u>'''</u>	***	City	State	Zip
516 Chalkstone Avenue			Providence	RI	02908
7. List ALL officers (names and add				Check the box to indicate	an attachment
President Name Rev. Agnes Akinrolabu			Vice-President Name Olatubosun Akinrolabu		
Street Address 516 Chalkstone Avenue			Street Address 516 Chalkstone Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Lawrence Garpue			Treasurer Name Zack Sharpe		
Street Address 187 Bridgham Street			Street Address 80 Tobey Street		
City Providence	State RI	^{Zip} 02909	City Providence	State RI	Zip 02908
8. List ALL directors (names and add	iresses). RI Cor	porations MUST	list at least THREE directors.		
Director Name Rev. Agnes Akinrolat	ou -	- · - <u>- · - · · · · · · · · · · · · · · </u>	Check the box to indicate an attachment L Director Name Lawrence Garpue		
Street Address 516 Chalkstone Avenue			Street Address 187 Bridgham Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02909
Director Name Olatubosun Akinrolabu			Director Name Zack Sharpe		
Street Address 516 Chalkstone Avenue			Street Address 80 Tobey Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
9. Registered Agent in Rhode Island.	This information i	is currently of recor	rd in the Department of State, Ch	anges require filing Form 641	<u></u>
Under penalty of perjury, I declare statements, and that all statement	and affirm that	l have examine	d this report, including any	accompanying schedul	es and
his report must be signed by either the Preside				Representative, Receiver or Truste	
lame of Officer/Authorized Represer	ntative			Date () 5)	112
ignature of Officer/Authorized Repre	sentative		Ma	- N	<u> </u>
			FILED	callena.	Y = \\

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Nebsite: www.sos.ri.gov

FORM 631 - Revised: 06/2017