



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 27 AM 10:50

Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 61947		2. Exact name of the Corporation Christ Miracle Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious services, bible study, and prayer meetings.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 516 Chalkstone Avenue		City Providence	State RI	Zip 02908	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rev. Agnes Akinrolabu			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 is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Rev. Agnes Akinrolabu				Date 6/26/17	
Signature of Officer/Authorized Representative <i>Agnes Akinrolabu</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 27 2017

BY

1396