RI SOS Filing Number: 201747033030 Date: 7/3/2017 4:00:00 PM



## 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

2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAIL	URE TO FILE T	HIS REPORT BY JU	JLY 30 WILL RESULT IN A \$25.00	PENALTY I	EE.
1. Entity ID No.	2. Exact name of LEARNI	the Comporation er o	putreach for Souls Mirac	le Minis	try INC
173809					
3. State of Incorporation	4. Brief description	n of the character of buy Prayer, Coun	seling, Dropouts in Couragin Enilsern and ad	10 To re	Turn bactuo Schoo
RI	iseemy mo	re propie su	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	T
5. Principal office address 32,	26 PAUTI	icketave	Riverside	State アエ	Zip 22915
6. LIST ALL OFFICERS (NAMES	S AND ADDRESS	ES) ("X" BOX FOR AT	1 200 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
President Name Mary Wilson			JARUTH ROBINSON		
Street Address 3226 PAWTUCKET Ave			20 NHEIDEN AVE APTIZE		
City Kiverside	State RI	Zip 02915	EAST Providence	State RI	Zip 02914
Secretary Name  JEFFREY & WM19hT			TEFFREY C, Wright, Grandson		
3126 PAWTUCKET Ave			Street Address 3226 PAWTUCKET AVE		
City Riverside	State R±	Zip 02915	Riverside	State R I	Zip 0 2915
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE IS AND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS  ("X" BOX FOR ATTACHMENT)					
Director Name	, .		Director Name		######################################
TONNETT WILSON			EARNESTINE LAWERY		
Street Address 2511 White Madolia Way			Street Address  IDILE King ST		
ن م City	State	Zip 3277/	City	State	Zip
<u>DAN Ford</u> Director Name	J~ <b>/~</b>	12/1/	Director Name	PA	17403
RALPH GWRIGHT - JOY Wright			HAPPY BATTEN, MOICOLM, A BATTEN IL		
Street Address 5653 E. Louis XIV.CT APT B			Street Address 2511 White Madolia Way		
City TAMPA	State F.L	Zip 336/4	SAN Ford	State FL	Zip
8: REGISTERED AGENT IN RHO	DE 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					
		כוו כח	,		
		FILED 🔬	Under penalty of perjury, I declar this report, including any accom		
		11	🗸 this report. Including any accom	ipanvina sche	oules and statements

	FILEU	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,	
	JUL 0 3 2017	and that all statements contained herein are true and correct.	
Check No.	1.0.210	President Mary (Notes) 6/24/17 - Signature of Officer or Authorized Representative / Date	
in all despublic discussions of the second s		Signature of Officer or Authorized Representative / Date	
FOR SECRETARY OF STATE USE ONLY	·	MANY WILSON	
Form No. 631		Print or Type Name of Officer or Authorized Representative	

Form No. 631 Revised: 04/2014