

FILED



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

JUL 01 2019

BY

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 143809		2. Exact name of the Corporation THE LEARNING CENTER OUTREACH FOR SOULS MIRACLE MINISTRY	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Counseling, Bible study, Encouraging dropouts to return back to school, help find jobs, we help drug addicts get help	
5. Principal office address 3226 PAWTUCKET AVE		City RIVERSIDE	State RI
		Zip 02915	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name MARY WILSON		Vice-President Name JEFFERY C WRIGHT JR.	
Street Address 3226 PAWTUCKET AVE		Street Address 3226 PAWTUCKET AVE APT 10	
City RIVERSIDE	State RI	City RIVERSIDE	State RI
Zip 02915		Zip 02915	
Secretary Name JOY WRIGHT		Treasurer Name MARY WILSON	
Street Address 2511 WHITE MAGOLIA WAY		Street Address 3226 PAWTUCKET AVE	
City SANFORD	State FL	City RIVERSIDE	State R.I.
Zip 32771		Zip 02915	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name JEFFREY WRIGHT JR		Director Name TENNETT WILSON WRIGHT.	
Street Address 3226 PAWTUCKET AVE		Street Address 2511 WHITE MAGOLIA WAY	
City RIVERSIDE	State RI	City SANFORD	State FL
Zip 02915		Zip 02915	
Director Name LAWERY, EARNESTINE		Director Name JARUTH ROBINSON	
Street Address 1011 E. KING ST		Street Address 20 WELDON	
City YORK	State PA	City EAST PROV	State RI
Zip 17403		Zip 02914	
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

MARY WILSON 6/25/19
Signature of Officer or Authorized Representative Date

MARY WILSON
Print or Type Name of Officer or Authorized Representative