



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

Annual Report for the year: **2020**

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.

FILED

JUL 01 2020

BY

Handwritten signature

1. Entity ID Number 1691086		2. Exact name of the Corporation Miracle Books Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Write and publish books regarding mental health for organizations under Sec. 501(c)(3) of the Internal Revenue Code.			
4. NAICS Code 511130					
6. Principal Office Address 57 Old Danielson Pike		City Foster		State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jo-Ann P. Andrews			Vice-President Name Benjamin Andrews		
Street Address 57 Old Danielson Pike			Street Address 57 Old Danielson Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Crystal Baris			Treasurer Name Jo-Ann P. Andrews		
Street Address 540 Reynolds Road			Street Address 57 Old Danielson Pike		
City Chepachet	State RI	Zip 02814	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Jo-Ann P. Andrews			Director Name Benjamin Andrews		
Street Address 57 Old Danielson Pike			Street Address 57 Old Danielson Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name Crystal Baris			Director Name		
Street Address 540 Reynolds Road			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
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 <i>Jo-Ann Petrucci Andrews</i>				Date <i>X 6/24/2020</i>	
Signature of Officer/Authorized Representative <i>X Jo-Ann P. Andrews</i>				SIGN DOCUMENT HERE	