



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 28 2021

1840

Annual Report for the year: **2021**

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 000061947 | | 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 Organizati <input type="checkbox"/> | | | | | |
| 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. The Registered Agent information of record with the RI Department of State is accurate. 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 6-24-21 | |
| Signature of Officer/Authorized Representative <i>Agnes Akinrolabu</i> | | | | | |