

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023**1. Corporate ID No.** 000133088**2. Name of Corporation** Mountain of Fire and Miracles Ministries, Inc.**3. State of Incorporation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110**4. Principal Office Address**No. and Street: 745 NORTH BROADWAYCity or Town: EAST PROVIDENCEState: RIZip: 02914Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO CREATE, ESTABLISH AND OPERATE A CHURCH**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title**Individual Name**

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	AMOS ADELAIYE	20 SYLVIA LANE LINCOLN, RI 02865 USA
SECRETARY	DORCAS ADEYEMO	923 BARNUM ST NEW BEDFORD, MA 02745 USA
DIRECTOR	MATHEW OLUSEGUN AWOLEYE	36 JANE ST NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	SOLOMON OMONIYI	1 MCCAUSLAND AV EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ADEREMI OLADIPO	37 LANGDON AVENUE PAWTUCKET, RI 02860 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DR. DANIEL K. OLVKOYA 745 NORTH BROADWAY EAST PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of May, 2023 at 6:36:31 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By AMOS ADELAIYE
Signature of Authorized Person

Form No. 631
Revised 09/07

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