



**State of Rhode Island
Department of State - Business Services Division**

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 BUSINESS SERVICES DIVISION
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Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000061947</u>		2. Exact name of the Corporation <u>Christ Miracle Church</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>church services, Bible teaching, healing, aniza soul winning</u>	
4. NAICS Code <u>813110-Religious Org</u>			
6. Principal Office Address <u>516 Chalkstone Avenue</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rev. Agnes Akinrolabu</u>		Vice-President Name <u>Olatubosun Akinrolabu</u>	
Street Address <u>516 Chalkstone Avenue</u>		Street Address <u>516 Chalkstone Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02908</u>	
Secretary Name <u>Lawrence Garpue</u>		Treasurer Name <u>Zack Sharpe</u>	
Street Address <u>187 Bridgham Street</u>		Street Address <u>80 Tobey Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02908</u>	
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 <u>Rev Agnes Akinrolabu</u>		Director Name <u>Olatubosun Akinrolabu</u>	
Street Address <u>516 Chalkstone Avenue</u>		Street Address <u>516 Chalkstone Avenue</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02908</u>	
Director Name <u>Lawrence Garpue</u>		Director Name <u>Zack Sharpe</u>	
Street Address <u>187 Bridgham Street</u>		Street Address <u>80 Tobey Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02908</u>	
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 <u>Rev Agnes Akinrolabu</u>			Date <u>3-4-24</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 04 2024
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