



State of Rhode Island  
Department of State - Business Services Division

FILED

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BY

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Annual Report for the year: 2025

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 001691086		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 <input type="checkbox"/>					
President Name Jo-Ann Petrucci 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 Petrucci 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 <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jo-Ann Petrucci 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. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Jo-Ann P. Andrews				Date March 19, 2025	
Signature of Officer/Authorized Representative <i>Jo-Ann Petrucci Andrews</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631- Revised: 12/2023