RI SOS Filing Number: 202577987450 Date: 9/3/2025 9:18:00 AM



State of Rhode Island

Department of State - Business Services Division

CREATS

Annual Report for the year: 2025 Non-Profit Corporation → Filing period: February 1 - May 1 → Filing Fee: \$20.00			RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV			
						→ Penalty: Additional \$25.00 fe
1. Entity ID Number	2. Exact nar	me of the Corporation		1910 SEP -3 A	4: 12	
000028949	Miracle	Corner Church	,	•		
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island				•		
4. NAICS Code				L		
813110	Religiou	Religious Organization				
6. Principal Office Address		=	City	State	Zip	
1193 Eddy Street	م الممر		Providence	RI	02905	
7. List ALL officers (names and	addresses)		_	theck the box to indicate	e an attachment	
President Name Rodney D. Rymer			Vice-President Name thought Michelle Baithwaite			
Street Address 4655 Freeman Lake Court			Street Address 7 Gibbs Street Unit 7			
City Norcross	State Ga	Zip 30093	City Worcester	State MA	Zip 01607	
Secretary Name Browthum te. Michelle, Baithwaite			Treasurer Name Spothwart C Michelle Balthwaite			
Street Address 7 Gibbs Street Unit 7			Street Address 7 Gibbs Street Unit 7			
City Worcester	State Ma	Zio 01607	City Worcester	State MA	^{Zio} 01607	
8. List ALL directors (names an	d addresses). RI	Corporations MUST lis		Check the box to Indicat	e an attachment	
Director Name			Director Name			

Rodney D. Rymer Omobola Onikoyi Street Address 4655 Freeman Lake Court Street Address Po Box 41172 Zip 30093 ^{Zip} 02940 State RI State City Providence GΑ Norcross **Director Name** Director Name Akintoye Onikoyi Street Address Street Address Po Box 41172

City

Providence The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Zio 02940

State RI

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

Balthwaite

Date

State

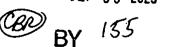
Signature of Officer/Authorized Representative

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 03 2025



Zip