

## State of Rhode Island

## **Department of State - Business Services Division**

STAMP

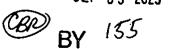
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Annual Report for the year: 2025 Non-Profit Corporation			RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV			
Filing period: February 1 - May 1			R	.I. DEPT. OF S	TATE	
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00	fee if form is not fil	ed by May 31	•	po2 24C2 D	ΙV	
1. Entity ID Number		me of the Corporation	n . 20	13 SEP - 3 A	¥ 15	
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		<b>-</b>				
813110	Religiou	Religious Organization				
6. Principal Office Address	<u></u>	<u> </u>	City	State	Zip	
1193 Eddy Street	ا أم	•	Providence	RI	02905	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name Rodney D. Rymer			Vice-President Named how 'to Michelle Baithwaite			
Street Address 4655 Freeman Lake Court			Street Address 7 Gibbs Street Unit 7			
City Norcross	State Ga	<sup>Zip</sup> 30093	City Worcester	State MA	Zip 01607	
Secretary Namel Scrithury te. Michelle, Baithwaite			Treasurer Name Batthwaite			
Street Address 7 Gibbs Street Unit 7			Street Address 7 Gibbs Street Unit 7			
City Worcester	State Ma	<sup>Zio</sup> 01607	City Worcester	State MA	<sup>Zio</sup> 01607	
8. List ALL directors (names a	ind addresses). R	1 Corporations MUST		ack the hey to indicat	lo oo attachmoot	
Director Name			Director Name	eck the box to Indicat	le an allachment	
Rodney D. Rymer			Omobola Onikoyi			
Street Address 4655 Freeman Lake Court			Street Address Po Box 41172			
City Norcross	State GA	Zip 30093	City Providence	State RI	Zip 02940	
Director Name Akintoye Onikoyi			Director Name			
Street Address Po Box 41172			Street Address			
c <sub>ity</sub> Providence	State RI	<sup>Zio</sup> 02940	City	State	Zip	
9. The Registered Agent infor	mation of record v	with the RI Departmen	nt of State is accurate. Changes re	equire filing Form (	541.	
Under penalty of perjury, I o statements, and that all sta			ed this report, including any ac ed correct.	companying sch	edules and	
This report must be signed by either to	he President, Vice-Pres	sident, Secretary, Assistant	Secretary, Treasurer, duly Authorized Repri	esentative, Receiver or	Trustee.	
Name of Officer/Authorized Representative				Date	1	
Michelle B <del>aithwait</del> e				18115	125	
Signalure of Officer/Authorize	d Representative	\: 4-a				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 9: 18 A
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FORM 631- Revised: 12/2023