



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 000028949		2. Exact name of the Corporation Miracle Corner Church		2025 SEP -3 A 9:15	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813110		Religious Organization			
6. Principal Office Address 1193 Eddy Street			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name Rodney D. Rymer			Vice-President Name <i>Baithwaite</i> 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 <i>Baithwaite</i> Michelle Baithwaite			Treasurer Name <i>Baithwaite</i> Michelle Baithwaite		
Street Address 7 Gibbs Street Unit 7			Street Address 7 Gibbs Street Unit 7		
City Worcester	State Ma	Zip 01607	City Worcester	State MA	Zip 01607
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name Rodney D. Rymer			Director Name 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		
City Providence	State RI	Zip 02940	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <i>Baithwaite</i> Michelle Baithwaite					Date 8/1/25
Signature of Officer/Authorized Representative <i>Michelle Baithwaite</i>					

FILED

9.16 A

SEP 03 2025

BY 155

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