

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

4. Ralph Mollis, Secretary of State

JAN 10 2008

FOR SECRETARY OF STATE USE ONLY

By

Check No.

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

2007

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penaity jee of \$25.00.			
1. Corporate ID No. 2. Name of Corporation OKOP-USEM FAMILY UNION			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address		City O	Zip
RHODE ISLAND 94 ON ando DR		No Provi	dence 02904
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla TO BRING TOGETHER AS A FAMILY, THE PEOPLE OF AKWA IBOM A	and ND THE CROSS RIVER STATES	OF NIGERIA	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	IMENT)	FORE USING A	TTACHMENTS
President Name 1GNATIUS A. Samuel	S A. Samuel Vice President Name B.		
Street Address 157 DOVER ST	Street Address 91 Merino S	TREET	
PROVIDENCE State R! Zip D2 908	PROVIDENCE	State R 1	B2909
Secretary Name VICTOR OKOKON	Treusurer Name		•
Street Address Malvem ST	Street Address		
Providence state R1 240 02904	Сиу	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA	—		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NOT E	E LESS THAN	THREE (3). R.I.G.L. 7-6-23
BASSEY E. INYANG	PATRICK E.	UMOH	
Street Address 94 Orlando DR	195 High Ser	rice Ar	ve
No. Providence State R1 210 02904	No Brovidence	State R 1	02904
Director Name Alexander B. Ita	Director Name 16NA A	· Samu	el
Streen Address Merino St.	Street Address 157 Dover	57	
State R Zip OZ 90 9 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Chan	Royalewe ges require filing of Form 6-	State / / / / / / / / / / / / / / / / / / /	5-13 / 7-6-78
Agent Name BASSEY A. INYANG	Address		
Address 94 ORLANDO DRIVE	NORTH PROVIDENCE	Ziį	02904-
This report must be signed by either the President, Vice Pres	sident, Secretary, Assistant Secr	etary, Treasurer	, Receiver or Trustee
	Under penalty of perju	ry, I declare and	affirm that I have examined this
FILED	report, including any ac statements contained be		dules and statements, and that al correct.

Date