



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008Filing 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 penalty fee of \$25.00.

1. Corporate ID No. <u>101996</u>		2. Name of Corporation <u>NIGERIAN/AMERICAN SOCIAL CLUB OF R.I. U.S.A</u>									
3. State of Incorporation <u>R.I</u>		4. Corporate address in Rhode Island - Street Address <u>239 OAK STREET, P.O. Box 72887</u>		City <u>PROVIDENCE</u>		Zip <u>R.I</u>					
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 Island <u>TO BRING TOGETHER ALL NIGERIANS OF ALL ETHNICITY</u>											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <u>ADERKUNLE AGORO</u>					Vice President Name <u>DANIEL OJURI</u>						
Street Address <u>88 ELDRIDGE STREET</u>					Street Address <u>32, COURT STREET</u>						
City <u>CRANSTON</u>		State <u>R.I</u>		Zip <u>02910</u>		City <u>NEW BEDFORD</u>		State <u>MA</u>		Zip <u>02740</u>	
Secretary Name <u>JOEL SODRINDE</u>					Treasurer Name <u>KAMIL ONIPRDE</u>						
Street Address <u>P.O. BOX 72887</u>					Street Address <u>P.O. BOX 72887</u>						
City <u>PROVIDENCE</u>		State <u>R.I</u>		Zip <u>02907</u>		City <u>PROVIDENCE</u>		State <u>R.I</u>		Zip <u>02907</u>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23											
Director Name <u>MICHAEL ALASHI</u>					Director Name <u>HAKEM OPERA</u>						
Street Address <u>81 RESERVOIR AVENUE</u>					Street Address <u>37 TERRY STREET</u>						
City <u>PROVIDENCE</u>		State <u>R.I</u>		Zip <u>02907</u>		City <u>PANTUCKET</u>		State <u>R.I</u>		Zip <u>02860</u>	
Director Name <u>DANIEL SALAKO</u>					Director Name <u></u>						
Street Address <u>626, LONSDALE AVENUE</u>					Street Address <u></u>						
City <u>CENTRAL FALLS</u>		State <u>R.I</u>		Zip <u>02863</u>		City <u></u>		State <u></u>		Zip <u></u>	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78											
Agent Name <u>MUSILIM O. OSHODI</u>					Address <u>121 CALLA STREET</u>						
Address <u>121 CALLA STREET</u>					City <u>PROVIDENCE</u>		Zip <u>R.I. 02905</u>				

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date **FILED**Check No. MAY 29 2008By 1250

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

ADERKUNLE AGORO

Print or Type Name of Officer

PRESIDENT

Title of Officer