



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 *

* 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. Certificate ID No. <u>112-603</u>		2. Name of Corporation <u>NIGERIAN NURSES ASSOCIATION OF RI, USA</u>	
3. State of Incorporation <u>RI</u>		4. Corporate address in Rhode Island - Street Address <u>172 MASSACHUSETTS AVENUE</u>	
		City <u>PROVIDENCE</u>	Zip <u>02905</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 PROMOTE HEALTH CARE AWARENESS AMONG NIGERIANS & AFRICANS IN RHODE ISLAND</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>MRS FOLAKE ADEWUSI</u>		Vice President Name <u>OMOLARA OKUNFOLAMI</u>	
Street Address <u>94 VINE ST</u>		Street Address <u>172 MASSACHUSETTS AV</u>	
City <u>E. PROV</u>	State <u>RI</u>	City <u>PROV.</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02905</u>	
Secretary Name <u>MARY AKINNUSTU</u>		Treasurer Name <u>OLUKEMI AKANJI</u>	
Street Address <u>65 AMERICO DRIVE</u>		Street Address <u>268 SMITH ST</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>CRAWSTON</u>	State <u>RI</u>
Zip <u>02889</u>		Zip <u>02905</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>PAT. ABDULKARIM</u>		Director Name <u>IYABO LAWAL</u>	
Street Address <u>35 LAWN ST</u>		Street Address <u>128 WHIPPLE AV</u>	
City <u>PROV</u>	State <u>RI</u>	City <u>CRAWSTON</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02920</u>	
Director Name <u>OLUKEMI LAWAL</u>		Director Name <u>RAHEEDA LAMINA-ALARAPON</u>	
Street Address <u>128 WHIPPLE AV</u>		Street Address <u>12 AUBURN AV</u>	
City <u>CRAWSTON</u>	State <u>RI</u>	City <u>JOHNSTON</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02919</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		Address	
Address		City	Zip

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

NOV 03 2008

By 072273 2:05
KMC

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.

OLUKEMI AKANJI 11/3/08
Signature of Officer Date

OLUKEMI AKANJI
Print or Type Name of Officer

TREASURER
Title of Officer

File Date
Check No. <u>50-2</u>
By: <u>NOV 03 2008</u>
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