



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**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 penalty fee of \$25.00.

|                                                                                                                                                                                                    |                    |                                                                                        |                                            |                           |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|---------------------|
| 1. Corporate ID No.<br><b>67273</b>                                                                                                                                                                |                    | 2. Name of Corporation<br><b>NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF NIGERIANS</b> |                                            |                           |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                                                                   |                    | 4. Corporate address in Rhode Island - Street Address<br><b>c/o 43 CARTERET STREET</b> |                                            | City<br><b>PROVIDENCE</b> | Zip<br><b>02908</b> |
| 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<br><b>NON PROFIT ORGANIZATION FOR THE BETTERMENT OF NIGERIAN NATIONALS LIVING IN NEW ENGLAND</b> |                    |                                                                                        |                                            |                           |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                                  |                    |                                                                                        |                                            |                           |                     |
| President Name<br><b>WILSON DURU</b>                                                                                                                                                               |                    |                                                                                        | Vice President Name<br><b>DANN GWANN</b>   |                           |                     |
| Street Address<br><b>186 KEELY AVENUE</b>                                                                                                                                                          |                    |                                                                                        | Street Address<br><b>21 TOGANSETT ROAD</b> |                           |                     |
| City<br><b>WARWICK</b>                                                                                                                                                                             | State<br><b>RI</b> | Zip<br><b>02889</b>                                                                    | City<br><b>PROVIDENCE</b>                  | State<br><b>RI</b>        | Zip<br><b>02910</b> |
| Secretary Name<br><b>FERDINAND IHENACHO</b>                                                                                                                                                        |                    |                                                                                        | Treasurer Name<br><b>VICTOR ADEWUSI</b>    |                           |                     |
| Street Address<br><b>43 CARTERET STREET</b>                                                                                                                                                        |                    |                                                                                        | Street Address<br><b>P.O. BOX 25082</b>    |                           |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02908</b>                                                                    | City<br><b>PROVIDENCE</b>                  | State<br><b>RI</b>        | Zip<br><b>02905</b> |
| 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<br><b>ALEXIE NJOKU</b>                                                                                                                                                               |                    |                                                                                        | Director Name<br><b>ALEX NKENCHOR</b>      |                           |                     |
| Street Address<br><b>36 SEARS AVENUE</b>                                                                                                                                                           |                    |                                                                                        | Street Address<br><b>124 LYNCH STREET</b>  |                           |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02908</b>                                                                    | City<br><b>PROVIDENCE</b>                  | State<br><b>RI</b>        | Zip<br><b>02908</b> |
| Director Name<br><b>ANNE NKWOCHA</b>                                                                                                                                                               |                    |                                                                                        | Director Name                              |                           |                     |
| Street Address<br><b>P.O. BOX 1557</b>                                                                                                                                                             |                    |                                                                                        | Street Address                             |                           |                     |
| City<br><b>GROTON</b>                                                                                                                                                                              | State<br><b>CT</b> | Zip<br><b>01630</b>                                                                    | City                                       | State                     | Zip                 |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                                                                                                |                    |                                                                                        |                                            |                           |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-                                                         |                    |                                                                                        |                                            |                           |                     |

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

FILED

AUG 19 2009

By

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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

**FERDINAND IHENACHO**

Print or Type Name of Officer

**SECRETARY**

Title of Officer

Date

2009 AUG 19 PM 1:22  
RECEIVED  
CORPORATIONS DIVISION  
STATE OF RHODE ISLAND

File Date

Check No.

By:

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