



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

Fee: \$20.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000103622

2. Name of Corporation THE NIGERIAN COMMUNITY OF RHODE ISLAND

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street: 807 BROAD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO SERVE AS THE SINGLE REPRESENTATIVE ORGANIZATION FOR THE NIGERIAN COMMUNITY IN RHODE ISLAND BY COORDINATING THE ACTIVITIES OF ALL NIGERIAN ORGANIZATIONS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KAMIL ONIPEDE	35 STANSBURY STREET PROVIDENCE, RI 02908- USA
DIRECTOR	NKOLI ONYE	182 THURBERS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	CELENA OLAWOYE	1442 MENDON ROAD WOONSOCKET, RI 02895 USA
DIRECTOR	VICTOR ADEWUSI	94 VINE STREET EAST PROVIDENCE , RI 02914 USA
DIRECTOR	CHRIS ONYEJEKWE	P.O. BOX 41300 PROVIDENCE, RI 02940 USA
DIRECTOR	RAPHAEL OKELOLA	P.O. BOX 41300 PROVIDENCE , RI 02940 USA
DIRECTOR	SHAKIR ODUNEWU	P.O. BOX 783 PAWTUCKET, RI 02862 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KAMIL ONIPEDE 35 STANSBURY STREET PROVIDENCE , RI 02908

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

Signed this 16 Day of September, 2009 at 5:00:11 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KAMIL ONIPEDE
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07