RI SOS Filing Number: 201432305840 Date: 01/02/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
498556	**Atenaje Incorporated**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **The Corporation is hosting a television program, Atenaje Production, on Channels 18 (Providence) and A-13 (statewide) and publishing a free weekly newspaper, African Star.**

5. Principal office address	City	State	Zip
10 Harriet Street	**Providence**	**RI**	**02905**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Jacob G. Dorbor**			Vice-President Name: **Rev. Charles Berkley, Jr, Board Chairman**		
Street Address: **10 Harriet Street**			Street Address: **353 Elmwood Avenue**		
City: **Providence**	State: **RI**	Zip: **02905**	City: **Providence**	State: **RI**	Zip: **02905**
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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CORPORATIONS DIV

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Rev. Rev. Charles Berkley, Jr,**			Director Name: **Jacob G. Dorbor**		
Street Address: **353 Elmwood Avenue**			Street Address: **10 Harriet Street**		
City: **Providence**	State: **RI**	Zip: **02905**	City: **Providence**	State: **RI**	Zip: **02905**
Director Name: **Jackie Williams**			Director Name:		
Street Address: **122 Bridgham Street**			Street Address:		
City: **Providence**	State: **RI**	Zip: **02905**	City:	State:	Zip:

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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By 214002
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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 — Date: 01-02-14

Jacob G. Dorbor
Print or Type Name of Officer

Executive Director/President
Title of Officer

Form No. 631
Revised: 05/2012
101227-1-877620