



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. 498556		2. Exact name of the Corporation 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 10 Harriet Street		City Providence	State RI	Zip 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
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

FILED

JAN 02 2014

214002

ICM

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

Jacob G. Dorbor

Print or Type Name of Officer

Executive Director/President

Title of Officer

Date