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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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
67273	**NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF NIGERIANS**
3. State of Incorporation **R.I.**	4. Brief description of the character of business conducted in Rhode Island **NON-PROFIT ORGANIZATION FOR THE BETTERMENT OF NIGERIAN NATIONALS LIVING IN NEW ENGLAND**

5. Principal office address	City	State	Zip
c/o 43CARTERET ST.	**PROVIDENCE**	**RI**	**02908**

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

President Name	Street Address	City	State	Zip
WILSON DURU	**186 KEELY AVE**	**WARWICK**	**RI**	**02889**

Vice-President Name	Street Address	City	State	Zip
DANN GWANN	**21 TOGANSETT RD**	**PROVIDENCE**	**RI**	**02910**

Secretary Name	Street Address	City	State	Zip
FERDINAND IHENACHO	**43 CARTERET ST**	**PROVIDENCE**	**RI**	**02908**

Treasurer Name	Street Address	City	State	Zip
VICTOR ADEWUSI	**P.O. BOX 25082**	**PROVIDENCE**	**RI**	**02905**

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

Director Name	Street Address	City	State	Zip
ALEXIE NJOKU	**36 SEARS AVE**	**PROVIDENCE**	**RI**	**02908**

Director Name	Street Address	City	State	Zip
ALEX NKENCHOR	**124 LYNCH ST**	**PROVIDENCE**	**RI**	**02908**

Director Name	Street Address	City	State	Zip
ANNE NKWOCHA	**P.O. BOX 1557**	**GROTON**	**CT**	**01630**

Director Name	Street Address	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, duly Authorized Representative, Receiver or Trustee

File Date _____ FILED

Check No _____ JUN 19 2014

By: _____ By 226759

FOR SECRETARY OF STATE USE ONLY KM

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.

6/19/2014

Signature of Officer or Authorized Representative — Date

FERDINAND IHENACHO, SECRETARY

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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