



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 MAY 19 AM 9:12

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 535156		2. Exact name of the Corporation IGBO CULTURAL UNION OF RHODE ISLAND			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island WE ARE MEMBERS OF IGBO ETHNIC GROUP THAT MEETS EVERY MONTH TO SUPPORT & SOCIALIZE WITH EACH OTHER			
5. Principal Office Address 468 BRANCH AVENUE		City PROVIDENCE	State RI	Zip 02904	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DOUGLAS AHAMEFULA		Vice-President Name -			
Street Address 468 BRANCH AVENUE		Street Address -			
City PROVIDENCE	State RI	Zip 02904	City -	State -	Zip -
Secretary Name BARNABAS AGUOCHA		Treasurer Name WILSON DURU			
Street Address 30 AMARY STREET		Street Address 186 KEELEY AVENUE			
City PROVIDENCE	State RI	Zip 02904	City WARWICK	State RI	Zip 02886
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DOUGLAS AHAMEFULA		Director Name WILSON DURU			
Street Address 468 BRANCH AVENUE		Street Address 186 KEELEY AVENUE			
City PROVIDENCE	State RI	Zip 02904	City WARWICK	State RI	Zip 02886
Director Name BARNABAS AGUOCHA		Director Name -			
Street Address 30 AMARY STREET		Street Address -			
City PROVIDENCE	State RI	Zip 02904	City -	State -	Zip -
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative DOUGLAS AHAMEFULA				Date 5/19/16	
Signature of Officer/Authorized Representative <i>Douglas Ahamefula</i>					

FILED

MAY 19 2016

By *204660*
A.A.