

## 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



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Non-Profit Corporation	Annual Ren	ort for the v	ear A a l	/	COIS WAT I	9 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	2. Exact name of the Corporation					
535156	IGBO CULTURAL UNION OF RHODE ISLAND					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
RHODE (SLAND WE ARE MEMBERS OF IGBO ETHNIC GROUP THAT MEETS EVERY MONTH TO SUPPORT & SOCIALIZE WITH EACH OTHER						
5. Principal Office Address			City		State	Zip
468 BRANGH AVENUE			PROJEDE	NŒ	RI	02904
6. List ALL officers (names and addresses)			Check the box to indicate an attachment			
President Name DOUGLAS AHAMEFULA			Vice-President Name			
Street Address 468 BROWLCH AVENUE			Street Address	•	,	-
City DRALLDENCE	State 121	Zip 2904	City	·-	State_	Zip
Secretary Name			Treasurer Name			
30 AMORY STREET			Street Address 186 KEELE! AVENUE			
City PROVIDENCE	State	Zip 2904	City WAR	WICK	State (2)	Zip 62886
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name DOUGEAS AHAMEFULTI			Director Name WILSON DURY			
Street Address 468 BRANCH AVENUE			Street Address 86 KECLEY AVENUEL			
City PROVIDENCE	State R\	Zip 02904	City WAR	WICK	State R\	Sip 0.788-P
Street Address A GRIDKHO			Director Name			
30 Amary STREET			Street Address			
City PROVIDENCE	State K	Zip 9784	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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative					Date F / 18/1/	
DOUGLAS AHAMEFULA  Signature of Officer/Authorized Representative					<u> </u>	16
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Form No. 631 Revised: 2016