

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016 Non-Profit Corporation

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2016 SEP 19 PM 12: 35

Entity ID Number	2. Exact name of the Corporation					
000103622	NIGERIAN COMMUNITY OF RHODE ISLAND					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
RI	NON-PROFIT ORGANIZATION REPRESENTING NIGERIAN/NIGERIAN AMERICANS IN RE					
5. Principal Office Address			City	State	Zip	
600 BROAD STREET			PROVIDENCE	RI	02904	
6. List ALL officers (names and	addresses)			Check the box to in	ndicate an attachment	
President Name RAPHAEL OKEOLA			Vice-President Name NKOLI ONYE			
Street Address 2 DEVON STREET			Street Address 909 PROVIDENCE PLACE			
City PROVIDENCE	State RI	^{Zip} 02904	City PROVIDENCE	State RI	^{Zip} 029907	
Secretary Name CHIJOKE C. NJOKU			Treasurer Name RAPHAEL SOLAWON			
Street Address 600 BROAD STREET			Street Address 600 BROAD STREET			
CityPROVIDENCE	State RI	^{Zip} 02905	City PROVIDENCE	State RI	^{Zip} 02905	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name RAPHAEL OKEOLA			Director Name MUYIDEEN IBIYEMI			
Street Address 2 DEVON STREET			Street Address 151 OCEAN STREET			
CityPROVIDENCE	State RI	^{Zip} 02904	City PROVIDENCE	State RI	^{Zip} 02905	
Director Name MURAINA AKINFOLARIN			Director Name KAMIL ONIPEDE			
Street Address 38 CHESTER AVENUE			Street Address 600 BROAD STREET			
City PROVIDENCE	State RI	^{Zip} 02905	City PROVIDENCE	State RI	^{Zip} 02905	
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 P				ed Representative, Recei	iver or Trustee.	
Name of Officer/Authorized Representative				Date	Date	
RAPHAEL OKELOLA				09-19-2016	09-19-2016	
Signature of Office Authorized Representative						

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 19 2016

FORM 631 - Revised: 05/2016