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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2017 JUN 28 AM 11:52

Non-Profit Corporation Annual Report for the year: 2017

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
556449	OGBAKOR IKWERRE NEW ENGLAND
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	To promote Cultural Awareness and Economic Development for Ikwerre People in New England Area USA

5. Principal Office Address	City	State	Zip
191 Rutherglen Ave, PO Box 2712	Providence	RI	02907

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	MR. DIVINEPOWER WORENWO		Vice-President Name	MR. Paul Mesiah	
Street Address	66 Stanley Street		Street Address	191 Rutherglen Ave	
City	Dorchester	State MH Zip 02125	City	Providence	State RI Zip 02907
Secretary Name	MR. IKEM Mcnedi		Treasurer Name	Mr. Paul Mesiah	
Street Address	30 Hall Street		Street Address	191 Rutherglen Ave	
City	Brockton	State MA Zip 02302	City	Providence	State RI Zip 02907

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	MR. IBeKa IHUNWO		Director Name	MR DIVINEPOWER WORENWO	
Street Address	50 North Lillian St		Street Address	66 Stanley Street	
City	Randolph	State MH Zip 02369	City	Dorchester	State MH Zip 02125
Director Name	Dr. Ben Ekeanu		Director Name	Mr. OMODI Amadi	
Street Address	20 Reeve Road		Street Address	231 Lucas drive	
City	Sharon	State MH Zip 02067	City	Stoughton	State MH Zip 02072

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, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
PAUL O. MESIAH	6/28/17

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 28 2017
BY 307126

Form No. 631
Revised: 2016