RI SOS Filing Number: 201746834160 Date: 6/30/2017 4:00:00 PM

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

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R.I. DEPT. OF STATE
BUS SVCS DIV
2017 JUN 30 PM 12: 17

Annual Report for the year: 2017
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.

NAICS 813319

1. Entity ID Number	2. Exact name of the Corporation
67273	NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF NIGERIANS
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	Non-profit organization for the betterment of Nigerian nationals living in New England

5. Principal Office Address	City	State	Zip
c/o 43 CARTERET STREET	PROVIDENCE	RI	02908

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

President Name WILSON DURU			Vice-President Name DANN GWANN		
Street Address 186 KEELY AVE.			Street Address 21 TOGANSETT RD.		
City WARWICK	State RI	Zip 02889	City PROVIDENCE	State RI	Zip 02910
Secretary Name FERDINAND IHENACHO			Treasurer Name VICTOR ADEWUSI		
Street Address 43 CARTERET STREET			Street Address P.O. BOX 25082		
City PROVIDENCE	State RI	Zip 02908	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 ALEXIE NJOKU			Director Name ALEX NKENCHOR		
Street Address 36 SEARS AVE.			Street Address 124 LYNCH ST.		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name ANNE NKWOCHA			Director Name		
Street Address P.O. BOX 1557			Street Address		
City GROTON	State CT	Zip 01630	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, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
FERDINAND IHENACHO, SECRETARY	6/30/2017

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 30 2017
BY 3073765