



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 JUN 30 PM 12:17

NAICS 813319

1. Entity ID Number <b>67273</b>		2. Exact name of the Corporation <b>NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF NIGERIANS</b>			
3. State of Incorporation <b>R.I.</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non-profit organization for the betterment of Nigerian nationals living in New England</b>			
5. Principal Office Address <b>c/o 43 CARTERET STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILSON DURU</b>			Vice-President Name <b>DANN GWANN</b>		
Street Address <b>186 KEELY AVE.</b>			Street Address <b>21 TOGANSETT RD.</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>FERDINAND IHENACHO</b>			Treasurer Name <b>VICTOR ADEWUSI</b>		
Street Address <b>43 CARTERET STREET</b>			Street Address <b>P.O. BOX 25082</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ALEXIE NJOKU</b>			Director Name <b>ALEX NKENCHOR</b>		
Street Address <b>36 SEARS AVE.</b>			Street Address <b>124 LYNCH ST.</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>ANNE NKWOCHA</b>			Director Name		
Street Address <b>P.O. BOX 1557</b>			Street Address		
City <b>GROTON</b>	State <b>CT</b>	Zip <b>01630</b>	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.					
<b>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.</b>					
<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 <b>FERDINAND IHENACHO, SECRETARY</b>				Date <b>6/30/2017</b>	
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

Form 631 - Revised: 05/2016