

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUN 11 AM 10:34

Annual Report for the year: **2018**

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.

1. Entity ID Number 67273		2. Exact name of the Corporation National Association For The Advancement of Nigerians			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Non-profit organization for the betterment of Nigerian nationals living in New England			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address c/o 43 Carteret Street		City Providence		State R.I.	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wilson Duru		Vice-President Name Dann Gwann			
Street Address 186 Keely Ave		Street Address 21 Togansett Rd			
City Warwick	State R.I.	Zip 02889	City Providence	State R.I.	Zip 02910
Secretary Name Ferdinand Ihenacho		Treasurer Name Victor Adewusi			
Street Address 43 Carteret St		Street Address P.O. Box 25082			
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	Zip 02905
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alexie Njoku		Director Name Alex Nkenchor			
Street Address 36 Sears Ave		Street Address 124 Lynch St			
City Providence	State R.I.	Zip 02908	City Providence	State R.I.	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
9. 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.					
<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 Ferdinand Ihenacho				Date 6/11/2018	
Signature of Officer/Authorized Representative 					

JUN 11 2018

An 332344

FILED