



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000685148

**2. Name of Corporation** African Catholic Community Of RI, Holy Name Of Jesus

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813110

**4. Corporate Address in Rhode Island**

No. and Street: 99 CAMP STREET  
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

A, PROMOTE THE TEACHINGS OF ROMAN CATHOLIC CHURCH, AND STRENGHTEN THE FAITHS OF MEMBERS.B, TO PERFORM HUMANITARIAN ACTIVITIES INCLUDING SETTLEMENT OF REFUGEES, AND SUPPORT OF THE SICK AND THE DISADVANTAGED. C, TO USE THE TEACHING OF THE CHURCH TO PROMOTE SCHOLARSHIP AND SPIRITUAL TRAINING.D, TO PROMOTE SELF ESTEEM, RESPECT FOR OTHERS, AND BECOMING GOOD CITIZENS OF THE WORLD.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	VICTOR OFOKANSKI	247 LOCKWOWOD STREET PROVIDENCE, RI 02907 USA
SECRETARY	NKOLI ONYE	76 PEARSON AVE PAWTUCKET, RI 02860 USA
TREASURER	PASCHAL AGUOCHA	38 GLOVER STREET PROVIDENCE, RI 02908 USA
DIRECTOR	VICTOR OFOKANSI	247 LOCKWOOD ST PROVIDENCE, RI 02907 USA
DIRECTOR	NKOLI ONYE	76 PEARSON AVE PAWTUCKET, RI 02860 USA
DIRECTOR	JEBBEH JANGABA	7 HURON STREET PROVIDENCE, RI 02908 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VICTOR OFOKANSI 99 CAMP STREET PROVIDENCE , RI 02907

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 16 Day of August, 2018 at 10:44:06 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By MARK S. BERARDO, ESQUIRE  
Signature of Authorized Person

Form No. 631  
Revised 09/07