



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

Annual Report for the year:
Non-Profit Corporation

2019

SECRETARY OF STATE
CORPORATIONS DIV

2019 MAY 29 PM 1:50

- 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 556449		2. Exact name of the Corporation OGBAKOR IKWERRE NEW ENGLAND	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE Cultural Awareness and Economic Development For Ikwerre People in New England Area, USA	
4. NAICS Code 999999			
6. Principal Office Address 191 Rutherglen Ave, PO Box 27912		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MR. IKEM WONODI		Vice-President Name MS. Sandra OKOCHA	
Street Address 30 HALL STREET		Street Address 175 Cottage Street Apt 502	
City Brockton	State MA	City Chelsea	State MA
Zip 02302		Zip 02150	
Secretary Name Dr. Mrs Maureen Azuta		Treasurer Name MRS NGOZI IHUNWO	
Street Address 8 TINSO ROAD, Apt 306		Street Address 50 NORTH LILLIAN STREET	
City QUINCY	State MA	City RANDOLPH	State MA
Zip 02169		Zip 02368	
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 MR. PAUL Mesiah		Director Name Mr. Divine Power Norenworo	
Street Address 191 Rutherglen Ave		Street Address 66 Stanley Street	
City Providence	State RI	City Dorchester	State MA
Zip 02907		Zip 02125	
Director Name Dr. Ben Eleonu		Director Name MR. Omodu Amadi	
Street Address 20 Reeve Road		Street Address 231 Lucas drive	
City Sharon	State MA	City Stoughton	State MA
Zip 02267		Zip 02072	
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.			
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 PAUL O. Mesiah, Financial Secretary		Date 5/29/19	
Signature of Officer/Authorized Representative <i>Paul Mesiah</i>		FILED	

MAY 29 2019
BY *EGG* 1:50