State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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.

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1. Entity ID Number	2. Exact name of the Corporation
67273	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 Adv	

6. Principal Office Address	City	State	Zip
c/o 43 Carteret Street	Providence	R.I.	02908

7. 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: 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 ☐

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.

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	6/08/2020

Signature of Officer/Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

JUN 11 2020
BY 279 A.A.