



State of Rhode Island

Department of State - Business Services Division

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

2022 APR 28 10:09:10

Annual Report for the year:

2021

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1 Entity ID Number <b>001685996</b>		2 Exact name of the Corporation <b>MGBAKO ANUAMBRA RHODE ISLAND</b>	
3 State of Incorporation <b>RI</b>		5 Brief description of the character of business conducted in Rhode Island <b>Charity Organization. Social Club</b>	
4 NAICS Code <b>81340</b>			
6 Principal Office Address <b>5 LORI ELLEN DR.</b>		City <b>LINCOLN</b>	State <b>RI</b>
		Zip <b>02865</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>NNAMDI AMAECHINA</b>		Vice-President Name	
Street Address <b>5 LORI ELLEN DR</b>		Street Address	
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
Secretary Name <b>CHUKA OKOYE</b>		Treasurer Name <b>OKEY Agwuegbu</b>	
Street Address <b>309 HUXLEY AVE</b>		Street Address <b>28 MAYNARD ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>
			State <b>RI</b>
			Zip <b>02909</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NNAMDI AMAECHINA</b>		Director Name	
Street Address <b>5 LORI ELLEN DR</b>		Street Address <b>CHUKA OKOYE</b>	
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>providence</b>
			State <b>RI</b>
			Zip <b>02905</b>
Director Name <b>OKEY Agwuegbu</b>		Director Name <b>NNENNA ORONSAYE</b>	
Street Address <b>28 MAYNARD ST</b>		Street Address <b>50 ROYAL AVE</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>CRANSTON</b>
			State <b>RI</b>
			Zip <b>02920</b>
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <b>NNAMDI AMAECHINA</b>		Date <b>04/28/22</b>	
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 28 2022

BY **JD GTCFN**

9:13

FORM 631 - Revised: 11/2021