



State of Rhode Island
Department of State - Business Services Division

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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 001685996		2 Exact name of the Corporation MGBAKO ATUAMBRA RHODE ISLAND	
3 State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island Charity Organization. Social club	
4 NAICS Code 81340			
6 Principal Office Address 5 LORI ELLEN DR.		City LINCOLN	State RI
		Zip 02865	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name NNAMDI AMAECHINA		Vice-President Name	
Street Address 5 LORI ELLEN DR		Street Address	
City LINCOLN	State RI	Zip 02865	
Secretary Name CHUKA OKOYE		Treasurer Name Oky Agwuegbuo	
Street Address 309 HUXLEY AVE		Street Address 28 MAYNARD ST	
City PROVIDENCE	State RI	Zip 02905	City Providence
			State RI
			Zip 02909
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 NNAMDI AMAECHINA		Director Name	
Street Address 5 LORI ELLEN DR		Street Address CHUKA OKOYE	
City Lincoln	State RI	Zip 02865	City providence
			State RI
			Zip 02905
Director Name Oky Agwuegbuo		Director Name NNENNA ORONSAYE	
Street Address 28 MAYNARD ST		Street Address 50 ROYAL AVE	
City Providence	State RI	Zip 02909	City CRANSTON
			State RI
			Zip 02920
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 NNAMDI AMAECHINA		Date 04/28/22	
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**

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