



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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.

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BUS SVCS DIV

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1. Entity ID Number 001711212		2. Exact name of the Corporation BROTHERS ACROSS NIGERIA (NAERAGANSETI FRIGATE)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Corporation is formed to help our brother and families who are in need and less privileged. Back home, the needs are in form of financial aid, scholarship, education and medical outreach.	
4. NAICS Code 624190			
6. Principal Office Address 413 Central Ave. Apt 210		City Pawtucket	State RI
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOHN AGEN		Vice-President Name WALE RAHEEM	
Street Address 413 CENTRAL AVE. APT 210		Street Address 413 CENTRAL AVE. APT 210	
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET
State RI	Zip 02861	State RI	Zip 02861
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 JOHN AGEN		Director Name WALE RAHEEM	
Street Address 413 CENTRAL AVE. APT 210		Street Address 413 CENTRAL AVE. APT 210	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02861		Zip 02861	
Director Name IYOB OLIHA		Director Name	
Street Address 413 CENTRAL AVE. APT 210		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02861		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative WALE RAHEEM			Date 05/23/23
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

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