



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000685148

2. Name of Corporation African Catholic Community Of RI, Holy Name Of Jesus

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 99 CAMP STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

A, PROMOTE THE TEACHINGS OF ROMAN CATHOLIC CHURCH, AND STRENGTHEN THE FAITHS OF MEMBERS.B, TO PERFORM HUMANITARIAN ACTIVITIES INCLUDING SETTLEMENT OF REFUGEES, AND SUPPORT OF THE SICK AND THE DISADVANTAGED. C, TO USE THE TEACHING OF THE CHURCH TO PROMOTE SCHOLARSHIP AND SPIRITUAL TRAINING.D, TO PROMOTE SELF ESTEEM, RESPECT FOR OTHERS, AND BECOMING GOOD CITIZENS OF THE WORLD.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| SECRETARY | NKOLI ONYE | 76 PEARSON AVE PAWTUCKET, RI 02860 USA |
| TREASURER | PASCHAL AGUOCHA | 38 GLOVER STREET PROVIDENCE, RI 02908 USA |
| DIRECTOR | VICTOR OFOKANSI | 247 LOCKWOOD ST PROVIDENCE, RI 02907 USA |
| DIRECTOR | NKOLI ONYE | 76 PEARSON AVE PAWTUCKET, RI 02860 USA |
| DIRECTOR | JEBBEH JANGABA | 7 HURON STREET PROVIDENCE, RI 02908 USA |
| PRESIDENT | VICTOR OFOKANSI | 247 LOCKWOOD ST PROVIDENCE, RI 02907 USA |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VICTOR OFOKANSI 99 CAMP STREET PROVIDENCE , RI 02907

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of May, 2024 at 1:04:29 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARK BERARDO, ESQ
Signature of Authorized Person

Form No. 631
Revised 09/07