



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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.

REC'D RIDOS JSD
25 MAR 4 PM 1:11:27

1. Entity ID Number 000067273		2. Exact name of the Corporation National Association For The Advancement of Nigerians			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island <i>To bring together Nigerians in the diaspora through fellowship at meetings.</i>			
4. NAICS Code 813319 - Other Social ...					
6. Principal Office Address c/o 43 Carteret Street			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wilson Duru			Vice-President Name Dann Gwann		
Street Address 186 Keely Ave.			Street Address 21 Togansett Rd.		
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02908
Secretary Name Ferdinand Ihenacho			Treasurer Name Victor Adewusi		
Street Address 43 Carteret Street			Street Address P.O.Box 25082		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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 Alexie Njoku			Director Name Alex Nkenchor		
Street Address 36 Sears Avenue			Street Address 124 Lynch St.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Anne Nkwocha			Director Name		
Street Address P.O. Box1557			Street Address		
City Groton	State CT	Zip 01630	City	State	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 Ferdinand Ihenacho				Date 3-04-2025	
Signature of Officer/Authorized Representative <i>[Signature]</i>				MAR 04 2025 53BC3	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov