Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN





What this form is for

You may use this form to file Annual Return of Incorporated Trustees

What this form is NOT for

You cannot use this form to file merger for Associations

For further information

1. Incorporated Truste	es details					
Name of Association SOLACE PLACE FOUNDATION INTERNATIONAL						
Registration number		27538				
Classification		INCORPORATED TRUSTEE				
2. Registered Office Ac	ldress					
Number/building name		77,				
Street		LOCATION ROA	AD,			
City/Town/village		OYIGBO				
Local Government		PORT HARCOU	JRT			
Postcode						
State		RIVERS STATE				
3. Annual return detai	ls					
Year of Return		31 ST DECEMBEI	R 2020			
Financial Year Start		31 ST DECEMBE	R 2020	Financial Year End	1 ST NOVEMBER 2019	
Gross assets N		NIL		Net assets N	NIL	
Sources of income in the	ne year	MEMBERS CON	MEMBERS CONTRIBUTION			
Bankers		NIL				
Bank and balances as a year end	t financial	NIL				
Trustees benefits durin	g the year	INTEREST OF MEMBERS WERE PROMOTED				
3. Trustee details						
Surname						
Forename(s)	MER	CY	ZY			
Nationality	NIGEI	RIAN	Date of	of birth	20/04/87	
Gender FEMAL		LE	Telep	hone number	08035446111	

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	IHEDIWA			
Forename(s)	CALISTA	CALISTA		
Nationality	NIGERIA		Date of birth	
Gender	FEMALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	Ladycataloue8	5@gmail.	Occupation	FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AVENUE		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		1
Postal code				1
State*		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*		PORT HARCOURT		
Surname	KALU	KALU		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN	NIGERIAN		07/07/1949
Gender	MALE	MALE		08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@gm	ail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*	52	2		
Street*	S	EASIDE	ROAD,	-
City/Town/Village*	O	YIGBO		_
Local Government*	P	ORT HA	RCOURT	_
Postal code				_
State*	R	IVERS		_
Service Address	I			I.
Number/Building Name*	52	2		
Street*	S	EASIDE ROAD,		
City/Town/Village*	OYIG			
Local Government*	POR'		RCOURT	
Postal code				
State*	R	IVERS		
Surname	MRS. IJEOMA	1		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@gm	nail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*	F	FLAT 10		
Street*		UNCLE JOE ESTATE		
City/Town/Village*			ILLAGE	
		YIGBO		-
Postal code		0.11000		-
State*	R	IVERS		-
Service Address				
Number/Building Name*	52	2		
Transcor Building Traine				

Street*	reet* SEASIDE		ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code	Postal code			
State*		RIVERS		
C	Т АТСА	1		1
Surname	LAKA DOMINICS			
Forename(s)	NIGERIAN		Date of birth	20/04/1967
Nationality Gender	MALE			
			Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g	gmail.com	Occupation	BUSINESS
Residential Address		la		
Number/Building Name*		2		
Street*			REET, OFF ABA HIND OANDO FATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code	Postal code			
State*		RIVERS		
Service Address		1		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	PASTOR NO	BLE		
Forename(s)	AMBASSAD	OR CHID	Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	pastornoble@yahoo.con		Occupation	FARMING
Residential Address	Residential Address			
Number/Building Name*		11		
Street*		EHI LANE, OFF LOCATION ROAD		_

City/Town/Village*	City/Town/Village*]	
Local Government*	I	PORT HAR	RCOURT		
Postal code					
State*	R				
Service Address					
Number/Building Name*	1	11			
Street*			, OFF LOCATION		
City/Town/Village*		ROAD OYIGBO			
Local Government*	I	PORT HAF	RCOURT		
Surname					
Forename(s)					
Nationality			Date of birth		
Gender			Telephone number		
Identity Number			Identity Type		
Email			Occupation		
Residential Address					
Number/Building Name*					
Street*					
City/Town/Village*					
Local Government*					
Postal code					
State*					
Service Address	L				
Number/Building Name*					
Street*					
City/Town/Village*					
Local Government*					
Postal code					
State*					
	<u> </u>				
Postal code					
State*					
5. Particulars of governing c					
Surname		GANI			

Other name(s)	MERCY	Position held	CHAIRMAN			
Service Address		•				
Number/Building Name*	52					
Street*	SEASIDE ROAD,					
City/Town/Village*	OYIGBO					
Local Government*	PORT HARCOURT					
Postal code						
State*	RIVERS					
Email	foundation@gmail.com	Phone number	08035446111			
Surname	SARO-LAKA					
Other name(s)	DOMINICS BARIKA	Position held	SECRETARY			
Service Address						
Number/Building Name*	2					
Street*	AWKA STREET, OFF STATION	ABA ROAD	BEHIND OANDO FILING			
City/Town/Village*	PORT HARCOURT					
Local Government*	PORT HARCOURT					
Postal code						
State*	RIVERS	RIVERS				
Email	foundation@gmail.com	Phone number	08037238470			
6. Certification	<u>.</u>	·				
We certify that the information give	en in this form is correct to the	best of our k	knowledge and has been brought			
to the attention of all the trustees						
7. Authentication						

This form is authorised by a trustee, secretary or any

authorised person of the

association.

Note:

Name

Description

- If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- This return should be accompanied by Audited Account of the Association for the year in which the return is made.

GANI MERCY

CHAIRMAN

3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

Name of Association		SOLACE PLACE	CE FO	OUNDATION	N INTERNATIONAL	
Registration number		27538				
Classification		INCORPORATE	D TRU	STEE		
2. Registered Office A	Address					
Number/building name		77,				
Street		LOCATION ROA	AD,			
City/Town/village		OYIGBO				
Local Government		PORT HARCOU	JRT			
Postcode						
State		RIVERS STATE				
3. Annual return deta	nils					
Year of Return		31 ST DECEMBER	R 2019			
Financial Year Start		31 ST DECEMBER	31 ST DECEMBER 2019		1 ST NOVEMBER 2018	
Gross assets N		NIL		Net assets N	NIL	
Sources of income in	the year	MEMBERS CONTRIBUTION				
Bankers		NIL	NIL			
Bank and balances as year end	at financial	NIL	NIL			
Trustees benefits duri	ing the year	INTEREST OF M	INTEREST OF MEMBERS WERE PROMOTED			
3. Trustee details		'				
Surname GANI						
Forename(s)	MER	RCY				
Nationality	NIGE	ERIAN	Date of	of birth	20/04/87	
Gender	FEM			none number	08035446111	

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD	
Email	foundation@gmail.com		Occupation	BUSINESS	
Residential Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,		
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT		
Postal code					
State*		RIVERS			
Service Address		l			
Number/Building Name*		52			
Street*		SEASIDE	ROAD,		
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT		
Postal code					
State*	ate* RIV				
Surname	IHEDIWA				
Forename(s)	CALISTA				
Nationality	NIGERIA		Date of birth		
Gender	FEMALE		Telephone number	08033095680	
Identity Number	08857037196		Identity Type	NATIONAL ID CARD	
Email	Ladycataloue8	35@gmail.	Occupation	FARMING	
Residential Address					
Number/Building Name*		20			
Street*		FAITH AVENUE			
City/Town/Village*	City/Town/Village*				
Local Government*	Local Government*		RCOURT		
Postal code					
State*		RIVERS			
Service Address	Service Address				
Number/Building Name*		20			
Street*		FAITH AV	VENUE		
City/Town/Village*		OYIGBO			

Local Government* POR		PORT HA	RCOURT	
Surname	KALU	KALU		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN		Date of birth	07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	IA		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*		FLAT 10 UNCLE JOE ESTATE		
		IRIEBE VILLAGE		_
		OYIGBO		
		DIVEDS		T.
Postal code State*		RIVERS		_

Street* SEA		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code	Postal code			
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code	Postal code			1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	PASTOR NO	PASTOR NOBLE		
Forename(s)	AMBASSADOR CHIDY		Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	Email pastornoble@yah		Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE, OFF LOCATION ROAD		

City/Town/Village*	City/Town/Village*]	
Local Government*	I	PORT HAR	RCOURT		
Postal code					
State*	R				
Service Address					
Number/Building Name*	1	11			
Street*			, OFF LOCATION		
City/Town/Village*		ROAD OYIGBO			
Local Government*	I	PORT HAF	RCOURT		
Surname					
Forename(s)					
Nationality			Date of birth		
Gender			Telephone number		
Identity Number			Identity Type		
Email			Occupation		
Residential Address					
Number/Building Name*					
Street*					
City/Town/Village*					
Local Government*					
Postal code					
State*					
Service Address	L				
Number/Building Name*					
Street*					
City/Town/Village*					
Local Government*					
Postal code					
State*					
	<u> </u>				
Postal code					
State*					
5. Particulars of governing c					
Surname		GANI			

Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 08037238470 One of the attention of all the trustees One of the attention One of the attention of all the trustees One of the attention of all the trustees One of the attention One of the attention								
Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Position SECRETARY Position held STATION City/Town/Village* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA This form is authorised by trustee, secretary or any trustee, secretary or any trustee, secretary or any trustee, secretary or any	Street*		SEASIDE ROAD,					
Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	City/Town/Village*		OYIGBO	OYIGBO				
State* Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been broom to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Local Government*		PORT HARCOURT					
Email foundation@gmail.com Phone number 08035446111 urname SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held ervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brow the attention of all the trustees Authentication Vame GANI MERCY This form is authorised by trustee, secretary or any	Postal code							
SARO-LAKA Other name(s) DOMINICS BARIKA DOMINICS BARIKA Position SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	State*		RIVERS					
DOMINICS BARIKA Position held SECRETARY Gervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number G. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Email	Email			08035446111			
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Ve certification Ve certify that the information given in this form is correct to the best of our knowledge and has been broothe attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Surname		SARO-LAKA	1				
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* POST HARCOURT Postal code State* RIVERS Email foundation@gmail.com Ne certification We certify that the information given in this form is correct to the best of our knowledge and has been broot the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Other name(s)		DOMINICS BARIKA		SECRETARY			
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees C. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Service Address							
STATION City/Town/Village* Local Government* PORT HARCOURT Postal code State* Email foundation@gmail.com Flone number Name GANI MERCY PORT HARCOURT Port HARCOURT Port HARCOURT Postal code RIVERS Foundation@gmail.com Phone number 08037238470 08037238470 08037238470 This form is authorised by trustee, secretary or any	Number/Building Na	me*	2					
Local Government* Postal code State* RIVERS Email foundation@gmail.com Name Phone number 08037238470 08037238470 Phone number 08037238470 This form is authorised by trustee, secretary or any	Street*			ABA ROAD	BEHIND OANDO FILING			
Postal code State* Email foundation@gmail.com Name GANI MERCY RIVERS Phone number 08037238470 Phone number 08037238470 Phone number 08037238470 Phone number This form is authorised by trustee, secretary or any	City/Town/Village*		PORT HARCOURT					
State* Email foundation@gmail.com	Local Government*		PORT HARCOURT					
Email foundation@gmail.com Phone number 08037238470 No. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees No. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Postal code							
number number number number number number Name number number	State*		RIVERS					
We certify that the information given in this form is correct to the best of our knowledge and has been broom the attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any			foundation@gmail.com		08037238470			
trustee, secretary or any	We certify that the info		s form is correct to the b	est of our k	cnowledge and has been brought			
Description CHAIDMAN	Name Description				This form is authorised by a trustee, secretary or any			

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 3) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 4) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

Name of Association	SOLACE PLA	SOLACE PLACE FOUNDATION INTERNATIONAL					
Registration number		27538					
Classification		INCORPORATE	D TRU	STEE			
2. Registered Office A	Address						
Number/building name		77,					
Street		LOCATION ROA	AD,				
City/Town/village		OYIGBO					
Local Government		PORT HARCOU	JRT				
Postcode							
State		RIVERS STATE					
3. Annual return deta	nils						
Year of Return		31 ST DECEMBE	R 2018				
Financial Year Start		31 ST DECEMBE	R 2018	Financial Year End	I ST NOVEMBER 2017		
Gross assets N		NIL		Net assets N	NIL		
Sources of income in	the year	MEMBERS CONTRIBUTION					
Bankers		NIL	NIL				
Bank and balances as at financial year end		NIL					
Trustees benefits during the year		INTEREST OF MEMBERS WERE PROMOTED					
3. Trustee details		'					
Surname	<u> </u>						
Forename(s)	RCY	Y					
Nationality	NIGE	ERIAN	Date of	of birth	20/04/87		
Gender	FEM	ALE	Telep	hone number	08035446111		

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	IHEDIWA			
Forename(s)	CALISTA			
Nationality	NIGERIA	Date of birth		
Gender	FEMALE	Telephone number		08033095680
Identity Number	08857037196	6 Identity Type		NATIONAL ID CARD
Email	Ladycataloue8	5@gmail.	Occupation	FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AVENUE		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		1
Postal code				1
State*		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*		PORT HARCOURT			
Surname KALU		<u> </u>		1	
Forename(s)	orename(s) NDUKWE				
Nationality	NIGERIAN	NIGERIAN		07/07/1949	
Gender	MALE		Telephone number	08035446111	
Identity Number	5131453661	5131453661		NATIONAL ID CARD	
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT	
Residential Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,	-	
City/Town/Village*		OYIGBO		-	
Local Government*		PORT HA	RCOURT	-	
Postal code				-	
State*		RIVERS		-	
Service Address		I		1	
Number/Building Name*		52			
Street*		SEASIDE ROAD,			
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT		
Postal code					
State*		RIVERS			
Surname	MRS. IJEOM	ΙΑ			
Forename(s)	OGUNLEYE				
Nationality	NIGERIAN		Date of birth	3-8-1970	
Gender	FEMALE		Telephone number	08035446111	
Identity Number	216512415411		Identity Type	NATIONAL ID CARD	
Email	foundation@g	mail.com	Occupation	BUSINESS	
Residential Address					
Number/Building Name*		FLAT 10			
Street*		UNCLE JOE ESTATE			
City/Town/Village* Local Government*		IRIEBE VILLAGE OYIGBO		_	
				T.	
Postal code State*		RIVERS		_	

Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	Surname PASTOR NO			
Forename(s)	AMBASSADOR CHID		Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number 08857037196			Identity Type	NATIONAL ID CARD
Email	Email pastornoble@		Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	(OYIGBO]
Local Government*	I	PORT HAR	RCOURT	
Postal code				
State*	State*			
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address	L			
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c				
Surname		GANI		

Street*		SEASIDE ROAD,	SEASIDE ROAD,				
City/Town/Village*		OYIGBO					
Local Government	k	PORT HARCOURT					
Postal code							
State*		RIVERS					
Email		foundation@gmail.com	Phone number	08035446111			
urname		SARO-LAKA	1				
Other name(s)		DOMINICS BARIKA	Position held	SECRETARY			
ervice Address							
Number/Building N	lame*	2					
Street*		AWKA STREET, OFF STATION	ABA ROAD	BEHIND OANDO FILING			
City/Town/Village?	k	PORT HARCOURT					
Local Government	*	PORT HARCOURT					
Postal code							
State*		RIVERS					
Email		foundation@gmail.com	Phone number	08037238470			
CertificationVe certify that the ire the attention of allAuthentication		s form is correct to the b	est of our k	knowledge and has been brought			
Vame	GANI MERCY			This form is authorised by a trustee, secretary or any			
Description	CHAIRMAN						

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 4. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 5. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

6. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 5) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 6) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

1. Incorporated Trust	ees details						
Name of Association	SOLACE PI	SOLACE PLACE FOUNDATION INTERNATIONAL					
Registration number		27538					
Classification		INCORPORA	TED TRU	STEE			
2. Registered Office A	ddress	l					
Number/building name		77,					
Street		LOCATION I	ROAD,				
City/Town/village		OYIGBO					
Local Government		PORT HARC	COURT				
Postcode							
State		RIVERS STA	TE				
3. Annual return deta	ils	- 1					
Year of Return		31 ST DECEM	BER 2017				
Financial Year Start		31 ST DECEM	BER 2017	Financial Year End	1 ST NOVEMBER 2016		
Gross assets N		NIL		Net assets N	NIL		
Sources of income in the year		MEMBERS CONTRIBUTION					
Bankers		NIL					
Bank and balances as at financial year end		NIL					
Trustees benefits during the year		INTEREST OF MEMBERS WERE PROMOTED					
3. Trustee details							
Surname GANI		NI .					
Forename(s) MERO		CY					
Nationality	NIGE	RIAN	Date of	of birth	20/04/87		
Gender	FEMA	ALE	Telepl	none number	08035446111		

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	IHEDIWA			
Forename(s)	CALISTA			
Nationality	NIGERIA	Date of birth		
Gender	FEMALE	Telephone number		08033095680
Identity Number	08857037196	6 Identity Type		NATIONAL ID CARD
Email	Ladycataloue8	5@gmail.	Occupation	FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AVENUE		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		1
Postal code				1
State*		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*		PORT HARCOURT			
Surname KALU		<u> </u>		1	
Forename(s)	orename(s) NDUKWE				
Nationality	NIGERIAN	NIGERIAN		07/07/1949	
Gender	MALE		Telephone number	08035446111	
Identity Number	5131453661	5131453661		NATIONAL ID CARD	
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT	
Residential Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,	-	
City/Town/Village*		OYIGBO		-	
Local Government*		PORT HA	RCOURT	-	
Postal code				-	
State*		RIVERS		-	
Service Address		I		1	
Number/Building Name*		52			
Street*		SEASIDE ROAD,			
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT		
Postal code					
State*		RIVERS			
Surname	MRS. IJEOM	IA			
Forename(s)	OGUNLEYE				
Nationality	NIGERIAN		Date of birth	3-8-1970	
Gender	FEMALE		Telephone number	08035446111	
Identity Number	216512415411		Identity Type	NATIONAL ID CARD	
Email	foundation@g	mail.com	Occupation	BUSINESS	
Residential Address					
Number/Building Name*		FLAT 10			
Street*		UNCLE JOE ESTATE			
City/Town/Village* Local Government*		IRIEBE VILLAGE OYIGBO		_	
				_	
				T.	
Postal code State*		RIVERS		_	

Street*		SEASIDE	ROAD,	
City/Town/Village*	City/Town/Village*			
Local Government*	Local Government* PC		RCOURT	
Postal code				
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	PASTOR NO	BLE		
Forename(s)	AMBASSADOR CHIDY		Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	pastornoble@	yahoo.com	Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	(OYIGBO]
Local Government*	I	PORT HAR	RCOURT	
Postal code				
State*	I	RIVERS		
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c				
Surname		GANI		

Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 08037238470 One of the attention of all the trustees One of the attention One of the attention of all the trustees One of the attention of all the trustees One of the attention One of the attention					
Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Position SECRETARY Position held STATION City/Town/Village* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA This form is authorised by trustee, secretary or any trustee, secretary or any trustee, secretary or any trustee, secretary or any	Street*		SEASIDE ROAD,		
Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	City/Town/Village*		OYIGBO		
State* Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been broom to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Local Government*		PORT HARCOURT		
Email foundation@gmail.com Phone number 08035446111 urname SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held ervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brow the attention of all the trustees Authentication Vame GANI MERCY This form is authorised by trustee, secretary or any	Postal code				
SARO-LAKA Other name(s) DOMINICS BARIKA DOMINICS BARIKA Position SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	State*		RIVERS		
DOMINICS BARIKA Position held SECRETARY Gervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number G. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Email		foundation@gmail.com		08035446111
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Ve certification Ve certify that the information given in this form is correct to the best of our knowledge and has been broothe attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Surname		SARO-LAKA	1	
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* POST HARCOURT Postal code State* RIVERS Email foundation@gmail.com Ne certification We certify that the information given in this form is correct to the best of our knowledge and has been broot the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Other name(s)		DOMINICS BARIKA		SECRETARY
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees C. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Service Address				
STATION City/Town/Village* Local Government* PORT HARCOURT Postal code State* Email foundation@gmail.com Flone number Name GANI MERCY PORT HARCOURT Port HARCOURT Port HARCOURT Postal code RIVERS Foundation@gmail.com Phone number 08037238470 08037238470 08037238470 This form is authorised by trustee, secretary or any	Number/Building Na	me*	2		
Local Government* Postal code State* RIVERS Email foundation@gmail.com Name Phone number 08037238470 08037238470 Phone number 08037238470 This form is authorised by trustee, secretary or any	Street*			ABA ROAD	BEHIND OANDO FILING
Postal code State* Email foundation@gmail.com Name GANI MERCY RIVERS Phone number 08037238470 Phone number 08037238470 Phone number 08037238470 Phone number This form is authorised by trustee, secretary or any	City/Town/Village*		PORT HARCOURT		
State* Email foundation@gmail.com	Local Government*		PORT HARCOURT		
Email foundation@gmail.com Phone number 08037238470 No. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees No. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Postal code				
number number number number number number Name number number	State*		RIVERS		
We certify that the information given in this form is correct to the best of our knowledge and has been broom the attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any			foundation@gmail.com		08037238470
trustee, secretary or any	We certify that the info		s form is correct to the b	est of our k	cnowledge and has been brought
Description CHAIDMAN	Name Description				This form is authorised by a trustee, secretary or any

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Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where applicable)	AMAC
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 7) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 8) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

1. Incorporated Trust	ees details							
Name of Association		SOLACE P	PLACE FO	UNDATIO	N INTERNATIONAL			
Registration number		27538	27538					
Classification		INCORPOR.	ATED TRU	STEE				
2. Registered Office A	ddress							
Number/building name		77,						
Street		LOCATION	ROAD,					
City/Town/village		OYIGBO						
Local Government		PORT HAR	COURT					
Postcode								
State		RIVERS STA	ATE					
3. Annual return deta	ils							
Year of Return		31 ST DECEM	31 ST DECEMBER 2016					
Financial Year Start		31 ST DECEM	1BER 2016	Financial Year End	1 ST NOVEMBER 2015			
Gross assets N		NIL		Net assets N	NIL			
Sources of income in	the year	MEMBERS	CONTRIBU	JTION				
Bankers		NIL						
Bank and balances as year end	at financial	NIL						
Trustees benefits duri	INTEREST OF MEMBERS WERE PROMOTED							
3. Trustee details								
Surname	GAN	I						
Forename(s)	MER	CY						
Nationality	NIGE	RIAN	Date of	of birth	20/04/87			
Gender	FEMA	ALE	Telepl	none number	08035446111			

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD	
Email	foundation@g	mail.com	Occupation	BUSINESS	
Residential Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,	_	
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT	_	
Postal code					
State*		RIVERS			
Service Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,		
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT		
Postal code					
State*		RIVERS			
Surname	IHEDIWA				
Forename(s)	CALISTA				
Nationality	NIGERIA	Date of birth			
Gender	FEMALE	Telephone number		08033095680	
Identity Number	08857037196		Identity Type	NATIONAL ID CARD	
Email	Ladycataloue8	85@gmail. Occupation		FARMING	
Residential Address					
Number/Building Name*		20			
Street*		FAITH AVENUE			
City/Town/Village*		OYIGBO			
Local Government*		PORT HARCOURT		1	
Postal code				1	
State*	State*				
Service Address				•	
Number/Building Name*		20			
Street*		FAITH AV	/ENUE		
City/Town/Village*		OYIGBO			

Local Government*		PORT HARCOURT		
Surname	KALU	KALU		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN		Date of birth	07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	MA		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*		FLAT 10 UNCLE JOE ESTATE		
City/Town/Village*				
Local Government*		IRIEBE VILLAGE		_
		OYIGBO		_
				T.
Postal code State*		RIVERS		_

Street*		SEASIDE	ROAD,	
City/Town/Village*	City/Town/Village*			
Local Government*	Local Government* PC		RCOURT	
Postal code				
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	PASTOR NO	BLE		
Forename(s)	AMBASSADOR CHIDY		Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	pastornoble@	yahoo.com	Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	(OYIGBO]
Local Government*	I	PORT HAR	RCOURT	
Postal code				
State*	I	RIVERS		
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address	L			
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c				
Surname		GANI		

Street*		SEASIDE ROAD,		
City/Town/Village	*	OYIGBO		
Local Government	*	PORT HARCOURT		
Postal code				
State*		RIVERS		
Email		foundation@gmail.com	Phone number	08035446111
Surname		SARO-LAKA	1	
Other name(s)		DOMINICS BARIKA	Position held	SECRETARY
Service Address				
Number/Building N	Name*	2		
Street*		AWKA STREET, OFF STATION	ABA ROAD	BEHIND OANDO FILING
City/Town/Village	*	PORT HARCOURT		
Local Government	*	PORT HARCOURT		
Postal code				
State*		RIVERS		
Email		foundation@gmail.com	Phone number	08037238470
6. Certification We certify that the into the attention of all 7. Authentication		is form is correct to the b	est of our k	cnowledge and has been brough
Name	GANI MERCY			This form is authorised by a trustee, secretary or any
Description	CHAIRMAN			1

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 4. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 5. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

6. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where applicable)	AMAC
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 9) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 10) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

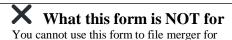
Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

1. Incorporated Trust	tees details							
Name of Association		SOLACE P	LACE FO	UNDATIO	N INTERNATIONAL			
Registration number		27538	27538					
Classification		INCORPORA	ATED TRU	STEE				
2. Registered Office A	ddress							
Number/building name		77,						
Street		LOCATION	ROAD,					
City/Town/village		OYIGBO						
Local Government		PORT HAR	COURT					
Postcode								
State		RIVERS STA	ATE					
3. Annual return deta	ils							
Year of Return		31 ST DECEM	31 ST DECEMBER 2015					
Financial Year Start		31 ST DECEM	IBER 2015	Financial Year End	1 ST NOVEMBER 2014			
Gross assets N		NIL		Net assets N	NIL			
Sources of income in	the year	MEMBERS (CONTRIBU	JTION				
Bankers		NIL						
Bank and balances as year end	at financial	NIL						
Trustees benefits duri	INTEREST OF MEMBERS WERE PROMOTED							
3. Trustee details								
Surname	GAN	I						
Forename(s)	MER	CY						
Nationality	NIGE	RIAN	Date of	of birth	20/04/87			
Gender	FEMA	ALE	Telepl	none number	08035446111			

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	IHEDIWA			
Forename(s)	CALISTA			
Nationality	NIGERIA	Date of birth		
Gender	FEMALE	Telephone number		08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	Ladycataloue8	5@gmail.	Occupation	FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AVENUE		
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	1
Postal code				1
State*		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*		PORT HARCOURT		
Surname	KALU	<u> </u>		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN		Date of birth	07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	MA		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*		FLAT 10 UNCLE JOE ESTATE		
City/Town/Village* Local Government*		IRIEBE VILLAGE		_
		OYIGBO		_
		DIVEDG		T.
Postal code State*		RIVERS		_

Street*		SEASIDE ROAD,		
City/Town/Village*	City/Town/Village*			
Local Government*	Local Government*		RCOURT	
Postal code				
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	PASTOR NO	OBLE		
Forename(s)	AMBASSAD	OR CHID	Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	Identity Number 08857037196		Identity Type	NATIONAL ID CARD
Email	pastornoble@	yahoo.com	Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*		OYIGBO]
Local Government*	I	PORT HAR	RCOURT	
Postal code	Postal code			
State*	I	RIVERS		
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c				
Surname		GANI		

Street*		SEASIDE ROAD,				
City/Town/Village*		OYIGBO				
Local Government*		PORT HARCOURT				
Postal code						
State*		RIVERS				
Email		foundation@gmail.com	Phone number	08035446111		
Surname		SARO-LAKA		•		
Other name(s)		DOMINICS BARIKA	Position held	SECRETARY		
Service Address						
Number/Building N	ame*	2				
Street*		AWKA STREET, OFF A	ABA ROAD	BEHIND OANDO FILING		
City/Town/Village*		PORT HARCOURT				
Local Government*		PORT HARCOURT				
Postal code						
State*		RIVERS				
Email		foundation@gmail.com	Phone number	08037238470		
6. Certification						
We certify that the in to the attention of all 7. Authentication		is form is correct to the bo	est of our k	knowledge and has been brought		
Name	GANI MERCY			This form is authorised by a trustee, secretary or any		
Description	CHAIRMAN			ir usice, secretary or any		

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Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 11) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 12) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

1.	Incorporated Trustees det	ails							
N	ame of Association		SOLACE PLACE FOUNDATION INTERNATIONAL						
R	egistration number		27538						
C	lassification		INCORPORATE	D TRU	STEE				
2.	Registered Office Address								
N	umber/building name		77,						
St	reet		LOCATION ROA	AD,					
Ci	ity/Town/village		OYIGBO						
L	ocal Government		PORT HARCOU	JRT					
Po	ostcode								
St	ate		RIVERS STATE						
3.	Annual return details		1						
	Year of Return		31 ST DECEMBER 2014						
	Financial Year Start		31 ST DECEMBE	R 2014	Financial Year End	1 ST NOVEMBER 2013			
	Gross assets N		NIL		Net assets N	NIL			
	Sources of income in the year		MEMBERS CONTRIBUTION						
	Bankers		NIL						
	Bank and balances as at finance year end	cial	NIL						
	Trustees benefits during the ye	ear	INTEREST OF MEMBERS WERE PROMOTED						
3.	Trustee details		1						
Surname GANI									
Fo	orename(s)	MERC	CY						
N	ationality	NIGER	RIAN	Date of	of birth	20/04/87			
G	ender	FEMA	LE	Telep	hone number	08035446111			

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	IHEDIWA			
Forename(s)	CALISTA			
Nationality	NIGERIA	Date of birth		
Gender	FEMALE	Telephone number		08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	Ladycataloue8	5@gmail.	Occupation	FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AVENUE		
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	1
Postal code				1
State*		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*		PORT HARCOURT		
Surname	KALU	<u> </u>		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN		Date of birth	07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	MA		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*		FLAT 10 UNCLE JOE ESTATE		
City/Town/Village* Local Government*		IRIEBE VILLAGE		_
		OYIGBO		_
		DIVEDG		T.
Postal code State*		RIVERS		_

Street*		SEASIDE ROAD,		
City/Town/Village*	City/Town/Village*			
Local Government*	Local Government*		RCOURT	
Postal code				
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	PASTOR NO	OBLE		
Forename(s)	AMBASSAD	OR CHID	Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	Identity Number 08857037196		Identity Type	NATIONAL ID CARD
Email	pastornoble@	yahoo.com	Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*		OYIGBO]
Local Government*	I	PORT HAR	RCOURT	
Postal code	Postal code			
State*	I	RIVERS		
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address	L			
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c				
Surname		GANI		

Street*		SEASIDE ROAD,				
City/Town/Village*		OYIGBO				
Local Government*		PORT HARCOURT				
Postal code						
State*		RIVERS				
Email		foundation@gmail.com	Phone number	08035446111		
Surname		SARO-LAKA		•		
Other name(s)		DOMINICS BARIKA	Position held	SECRETARY		
Service Address						
Number/Building N	ame*	2				
Street*		AWKA STREET, OFF A	ABA ROAD	BEHIND OANDO FILING		
City/Town/Village*		PORT HARCOURT				
Local Government*		PORT HARCOURT				
Postal code						
State*		RIVERS				
Email		foundation@gmail.com	Phone number	08037238470		
6. Certification						
We certify that the in to the attention of all 7. Authentication		is form is correct to the bo	est of our k	knowledge and has been brought		
Name	GANI MERCY			This form is authorised by a trustee, secretary or any		
Description	CHAIRMAN			ir usice, secretary or any		

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number (where applicable) NBA/IND/28129
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 13) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 14) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

Name of Association		SOLACE P	PLACE FO	UNDATION	N INTERNATIONAL			
Registration number		27538	27538					
Classification		INCORPORA	ATED TRU	STEE				
2. Registered Office A	Address							
Number/building name		77,						
Street		LOCATION	ROAD,					
City/Town/village		OYIGBO						
Local Government		PORT HAR	COURT					
Postcode								
State		RIVERS STA	ATE					
3. Annual return deta	nils							
Year of Return		31 ST DECEM	IBER 2013					
Financial Year Start		31 ST DECEM	IBER 2013	Financial Year End	I ST NOVEMBER 2012			
Gross assets N		NIL		Net assets N	NIL			
Sources of income in	the year	MEMBERS (CONTRIBU	ITION				
Bankers		NIL						
Bank and balances as year end	at financial	NIL						
Trustees benefits duri	ng the year	INTEREST (NTEREST OF MEMBERS WERE PROMOTED					
3. Trustee details		l						
Surname	GAN	GANI						
Forename(s)	MER	RCY						
Nationality	NIGE	ERIAN	Date of	of birth	20/04/87			
Gender	FEM	ALE	Telepl	none number	08035446111			

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD	
Email	foundation@g	mail.com	Occupation	BUSINESS	
Residential Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,	_	
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT	_	
Postal code					
State*		RIVERS			
Service Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,		
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT		
Postal code					
State*		RIVERS			
Surname	IHEDIWA				
Forename(s)	CALISTA				
Nationality	NIGERIA	Date of birth			
Gender	FEMALE	Telephone number		08033095680	
Identity Number	08857037196	6 Identity Type		NATIONAL ID CARD	
Email	Ladycataloue8	5@gmail.	Occupation	FARMING	
Residential Address					
Number/Building Name*		20			
Street*		FAITH AVENUE			
City/Town/Village*		OYIGBO			
Local Government*		PORT HARCOURT		1	
Postal code				1	
State*		RIVERS			
Service Address				•	
Number/Building Name*		20			
Street*		FAITH AV	/ENUE		
City/Town/Village*		OYIGBO			

Local Government*		PORT HARCOURT		
Surname	KALU	<u> </u>		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN	NIGERIAN		07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	ΙΑ		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*			OE ESTATE	
City/Town/Village* Local Government*		IRIEBE VILLAGE		_
		OYIGBO		_
				T.
Postal code State*		RIVERS		_

Street*	Street* SEASII		ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code	Postal code			
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HA		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	PASTOR NO	BLE		
Forename(s)	AMBASSADOR CHIDY		Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196 08857037196		Identity Type	NATIONAL ID CARD
Email	Email pastornoble@		Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	City/Town/Village*]
Local Government*	Local Government*		RCOURT	
Postal code				
State*	I	RIVERS		
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c				
Surname		GANI		

Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 08037238470 One of the attention of all the trustees One of the attention One of the attention of all the trustees One of the attention of all the trustees One of the attention One of the attention					
Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Position SECRETARY Position held STATION City/Town/Village* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA This form is authorised by trustee, secretary or any trustee, secretary or any trustee, secretary or any trustee, secretary or any	Street*		SEASIDE ROAD,		
Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	City/Town/Village*		OYIGBO		
State* Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been broom to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Local Government*		PORT HARCOURT		
Email foundation@gmail.com Phone number 08035446111 urname SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held ervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brow the attention of all the trustees Authentication Vame GANI MERCY This form is authorised by trustee, secretary or any	Postal code				
SARO-LAKA Other name(s) DOMINICS BARIKA DOMINICS BARIKA Position SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	State*		RIVERS		
DOMINICS BARIKA Position held SECRETARY Gervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number G. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Email		foundation@gmail.com		08035446111
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Ve certification Ve certify that the information given in this form is correct to the best of our knowledge and has been broothe attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Surname		SARO-LAKA	1	
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* POST HARCOURT Postal code State* RIVERS Email foundation@gmail.com Ne certification We certify that the information given in this form is correct to the best of our knowledge and has been broot the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Other name(s)		DOMINICS BARIKA		SECRETARY
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees C. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Service Address				
STATION City/Town/Village* Local Government* PORT HARCOURT Postal code State* Email foundation@gmail.com Flone number Name GANI MERCY PORT HARCOURT Port HARCOURT Port HARCOURT Postal code RIVERS Foundation@gmail.com Phone number 08037238470 08037238470 08037238470 This form is authorised by trustee, secretary or any	Number/Building Na	me*	2		
Local Government* Postal code State* RIVERS Email foundation@gmail.com Name Phone number 08037238470 08037238470 Phone number 08037238470 This form is authorised by trustee, secretary or any	Street*			ABA ROAD	BEHIND OANDO FILING
Postal code State* Email foundation@gmail.com Name GANI MERCY RIVERS Phone number 08037238470 Phone number 08037238470 Phone number 08037238470 Phone number This form is authorised by trustee, secretary or any	City/Town/Village*		PORT HARCOURT		
State* Email foundation@gmail.com	Local Government*		PORT HARCOURT		
Email foundation@gmail.com Phone number 08037238470 No. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees No. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Postal code				
number number number number number number Name number number	State*		RIVERS		
We certify that the information given in this form is correct to the best of our knowledge and has been broom the attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any			foundation@gmail.com		08037238470
trustee, secretary or any	We certify that the info		s form is correct to the b	est of our k	cnowledge and has been brought
Description CHAIDMAN	Name Description				This form is authorised by a trustee, secretary or any

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 15) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 16) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

1. Incorporated Trust	tees details							
Name of Association	me of Association SOLACE PLACE FOUNDATION INTERNATIONAL							
Registration number		27538						
Classification		INCORPORA	ATED TRU	STEE				
2. Registered Office A	ddress							
Number/building name		77,						
Street		LOCATION	ROAD,					
City/Town/village		OYIGBO						
Local Government		PORT HAR	COURT					
Postcode								
State		RIVERS STA	ATE					
3. Annual return deta	ils							
Year of Return		31 ST DECEM	IBER 2012					
Financial Year Start		31 ST DECEM	IBER 2012	Financial Year End	1 ST NOVEMBER 2011			
Gross assets N		NIL		Net assets N	NIL			
Sources of income in	the year	MEMBERS CONTRIBUTION						
Bankers		NIL						
Bank and balances as year end	at financial	NIL						
Trustees benefits duri	ng the year	INTEREST OF MEMBERS WERE PROMOTED						
3. Trustee details								
Surname	GAN	I						
Forename(s)	MER	CY						
Nationality	NIGE	RIAN	Date of	of birth	20/04/87			
Gender	FEMA	ALE	Telepl	none number	08035446111			

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD	
Email	foundation@g	mail.com	Occupation	BUSINESS	
Residential Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,	_	
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT	_	
Postal code					
State*		RIVERS			
Service Address					
Number/Building Name*		52			
Street*		SEASIDE	ROAD,		
City/Town/Village*		OYIGBO			
Local Government*		PORT HA	RCOURT		
Postal code					
State*		RIVERS			
Surname	IHEDIWA				
Forename(s)	CALISTA				
Nationality	NIGERIA	Date of birth			
Gender	FEMALE	Telephone number		08033095680	
Identity Number	08857037196	6 Identity Type		NATIONAL ID CARD	
Email	Ladycataloue8	5@gmail.	Occupation	FARMING	
Residential Address					
Number/Building Name*		20			
Street*		FAITH AVENUE			
City/Town/Village*		OYIGBO			
Local Government*		PORT HARCOURT		1	
Postal code				1	
State*		RIVERS			
Service Address				•	
Number/Building Name*		20			
Street*		FAITH AV	/ENUE		
City/Town/Village*		OYIGBO			

Local Government*		PORT HARCOURT		
Surname	KALU	<u> </u>		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN	NIGERIAN		07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	IA		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*			OE ESTATE	
City/Town/Village* Local Government*		IRIEBE VILLAGE		_
		OYIGBO		_
				T.
Postal code State*		RIVERS		_

Street*	Street* SEASII		ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code	Postal code			
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HA		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION		
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	PASTOR NO	BLE		
Forename(s)	AMBASSADOR CHIDY		Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196 08857037196		Identity Type	NATIONAL ID CARD
Email	Email pastornoble@		Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	(OYIGBO]			
Local Government*	ocal Government*		RCOURT				
Postal code							
State*	I	RIVERS					
Service Address							
Number/Building Name*	1	11					
Street*			, OFF LOCATION				
City/Town/Village*		ROAD OYIGBO					
Local Government*	I	PORT HAF	RCOURT				
Surname							
Forename(s)							
Nationality			Date of birth				
Gender			Telephone number				
Identity Number			Identity Type				
Email			Occupation				
Residential Address							
Number/Building Name*							
Street*							
City/Town/Village*							
Local Government*							
Postal code							
State*							
Service Address	L						
Number/Building Name*							
Street*							
City/Town/Village*							
Local Government*							
Postal code							
State*							
	<u> </u>						
Postal code							
State*							
5. Particulars of governing c							
Surname GANI							

Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 08037238470 One of the attention of all the trustees One of the attention One of the attention of all the trustees One of the attention of all the trustees One of the attention One of the attention									
Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Position SECRETARY Position held STATION City/Town/Village* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA This form is authorised by trustee, secretary or any trustee, secretary or any trustee, secretary or any trustee, secretary or any	Street*		SEASIDE ROAD,						
Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	City/Town/Village*		OYIGBO	OYIGBO					
State* Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been broom to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Local Government*		PORT HARCOURT						
Email foundation@gmail.com Phone number 08035446111 urname SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held ervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brow the attention of all the trustees Authentication Vame GANI MERCY This form is authorised by trustee, secretary or any	Postal code								
SARO-LAKA Other name(s) DOMINICS BARIKA DOMINICS BARIKA Position SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	State*		RIVERS						
DOMINICS BARIKA Position held SECRETARY Gervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number G. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Email		foundation@gmail.com		08035446111				
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Ve certification Ve certify that the information given in this form is correct to the best of our knowledge and has been broothe attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Surname		SARO-LAKA	1					
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* POST HARCOURT Postal code State* RIVERS Email foundation@gmail.com Ne certification We certify that the information given in this form is correct to the best of our knowledge and has been broot the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Other name(s)		DOMINICS BARIKA		SECRETARY				
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees C. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Service Address								
STATION City/Town/Village* Local Government* PORT HARCOURT Postal code State* Email foundation@gmail.com Flone number Name GANI MERCY PORT HARCOURT Port HARCOURT Port HARCOURT Postal code RIVERS Foundation@gmail.com Phone number 08037238470 08037238470 08037238470 This form is authorised by trustee, secretary or any	Number/Building Na	me*	2						
Local Government* Postal code State* RIVERS Email foundation@gmail.com Name Phone number 08037238470 08037238470 Phone number 08037238470 This form is authorised by trustee, secretary or any	Street*								
Postal code State* Email foundation@gmail.com Name GANI MERCY RIVERS Phone number 08037238470 Phone number 08037238470 Phone number 08037238470 Phone number This form is authorised by trustee, secretary or any	City/Town/Village*		PORT HARCOURT						
State* Email foundation@gmail.com	Local Government*		PORT HARCOURT						
Email foundation@gmail.com Phone number 08037238470 No. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees No. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Postal code								
number number number number number number Name number number	State*		RIVERS						
We certify that the information given in this form is correct to the best of our knowledge and has been broom the attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any			foundation@gmail.com		08037238470				
trustee, secretary or any	We certify that the info		s form is correct to the b	est of our k	cnowledge and has been brought				
Description CHAIDMAN	Name Description				This form is authorised by a trustee, secretary or any				

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Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

Name	AMNA DUNGUS ROSE					
Address	Number /Building name:	NO. 9,				
	Street	JERE STREET, GARKI II,				
	City	ABUJA				
	Local Government (where	AMAC				
	applicable)					
	State	FCT				
	Country	NIGERIA				
Phone Number	08037044683					
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)				
Signature		Date 09 TH AUGUST, 2021				

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

1.	Incorporated Trustees det	ails						
N	ame of Association	SOLACE PLA	SOLACE PLACE FOUNDATION INTERNATIONAL					
R	egistration number		27538					
C	lassification		INCORPORATE	D TRU	ISTEE			
2.	Registered Office Address	}						
N	umber/building name		77,					
St	reet		LOCATION ROA	AD,				
Ci	ity/Town/village		OYIGBO					
L	ocal Government		PORT HARCOU	JRT				
Po	ostcode							
St	ate		RIVERS STATE					
3.	Annual return details		1					
	Year of Return		31 ST DECEMBER 2011					
	Financial Year Start		31 ST DECEMBE	R 2011	Financial Year End	1 ST NOVEMBER 2010		
	Gross assets N		NIL		Net assets N	NIL		
	Sources of income in the year	•	MEMBERS CONTRIBUTION					
	Bankers		NIL					
	Bank and balances as at finan- year end	cial	NIL					
Trustees benefits during the year			INTEREST OF MEMBERS WERE PROMOTED					
3.	Trustee details		l					
Surname GANI			Ī					
Forename(s) MERC		RCY						
N	ationality	NIGER	RIAN	Date	of birth	20/04/87		
G	ender	FEMA	LE	Telep	hone number	08035446111		

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email <u>foundation@g</u>		gmail.com Occupation		BUSINESS
Residential Address				
Number/Building Name*		52		
Street*	Street*		ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code		RIVERS		
State*				
Surname	IHEDIWA			
Forename(s)	CALISTA			
Nationality	NIGERIA		Date of birth	
Gender	FEMALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	Ladycataloue8	85@gmail. Occupation		FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	1
Postal code State*				1
		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*		PORT HARCOURT		
Surname KALU				1
Forename(s)	NDUKWE			
Nationality	NIGERIAN		Date of birth	07/07/1949
Gender MALE			Telephone number	08035446111
Identity Number 5131453661			Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO PORT HARCOURT RIVERS		
Local Government*				
Postal code				
State*				
Surname	MRS. IJEOM	ΙΑ		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN	Date of birth		3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		ELAT 10		
Street*		FLAT 10 UNCLE JOE ESTATE		
City/Town/Village* Local Government*		IRIEBE V		
		OYIGBO	ILLAUE	_
		OTIORO		_
				T.
Postal code State*		RIVERS		_

Street*		SEASIDE ROAD,		
City/Town/Village*	City/Town/Village*			
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HA		
Local Government*		PORT HARCOURT RIVERS		
Postal code				1
State*				
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*		AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION PORT HARCOURT		
City/Town/Village*				
Local Government*		PORT HARCOURT		
Postal code				
State*		RIVERS		
Surname	PASTOR NO	OBLE		
Forename(s)	AMBASSAD	OOR CHIDY		
Nationality	Nationality NIGERIA		Date of birth	31-12-1968
Gender	Gender MALE		Telephone number	08033095680
Identity Number	dentity Number 08857037196		Identity Type	NATIONAL ID CARD
Email	Email pastornoble@		Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	(OYIGBO]			
Local Government*	ocal Government*		RCOURT				
Postal code							
State*	I	RIVERS					
Service Address							
Number/Building Name*	1	11					
Street*			, OFF LOCATION				
City/Town/Village*		ROAD OYIGBO					
Local Government*	I	PORT HAF	RCOURT				
Surname							
Forename(s)							
Nationality			Date of birth				
Gender			Telephone number				
Identity Number			Identity Type				
Email			Occupation				
Residential Address							
Number/Building Name*							
Street*							
City/Town/Village*							
Local Government*							
Postal code							
State*							
Service Address							
Number/Building Name*							
Street*							
City/Town/Village*							
Local Government*							
Postal code							
State*							
	<u> </u>						
Postal code							
State*							
5. Particulars of governing c							
Surname GANI							

Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 08037238470 One of the attention of all the trustees One of the attention One of the attention of all the trustees One of the attention of all the trustees One of the attention One of the attention									
Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Position SECRETARY Position held STATION City/Town/Village* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA This form is authorised by trustee, secretary or any trustee, secretary or any trustee, secretary or any trustee, secretary or any	Street*		SEASIDE ROAD,						
Postal code State* RIVERS Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	City/Town/Village*		OYIGBO	OYIGBO					
State* Email foundation@gmail.com Phone number SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been broom to the attention of all the trustees 7. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Local Government*		PORT HARCOURT						
Email foundation@gmail.com Phone number 08035446111 urname SARO-LAKA Other name(s) DOMINICS BARIKA Position held SECRETARY held ervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brow the attention of all the trustees Authentication Vame GANI MERCY This form is authorised by trustee, secretary or any	Postal code								
SARO-LAKA Other name(s) DOMINICS BARIKA DOMINICS BARIKA Position SECRETARY held Service Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	State*		RIVERS						
DOMINICS BARIKA Position held SECRETARY Gervice Address Number/Building Name* 2 Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* PORT HARCOURT Postal code State* RIVERS Email foundation@gmail.com Phone number G. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Email		foundation@gmail.com		08035446111				
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Ve certification Ve certify that the information given in this form is correct to the best of our knowledge and has been broothe attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Surname		SARO-LAKA	1					
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* POST HARCOURT Postal code State* RIVERS Email foundation@gmail.com Ne certification We certify that the information given in this form is correct to the best of our knowledge and has been broot the attention of all the trustees Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Other name(s)		DOMINICS BARIKA		SECRETARY				
Street* AWKA STREET, OFF ABA ROAD BEHIND OANDO FILING STATION City/Town/Village* PORT HARCOURT Local Government* Postal code State* RIVERS Email foundation@gmail.com Phone number 6. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees C. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Service Address								
STATION City/Town/Village* Local Government* PORT HARCOURT Postal code State* Email foundation@gmail.com Flone number Name GANI MERCY PORT HARCOURT Port HARCOURT Port HARCOURT Postal code RIVERS Foundation@gmail.com Phone number 08037238470 08037238470 08037238470 This form is authorised by trustee, secretary or any	Number/Building Na	me*	2						
Local Government* Postal code State* RIVERS Email foundation@gmail.com Name Phone number 08037238470 08037238470 Phone number 08037238470 This form is authorised by trustee, secretary or any	Street*								
Postal code State* Email foundation@gmail.com Name GANI MERCY RIVERS Phone number 08037238470 Phone number 08037238470 Phone number 08037238470 Phone number This form is authorised by trustee, secretary or any	City/Town/Village*		PORT HARCOURT						
State* Email foundation@gmail.com	Local Government*		PORT HARCOURT						
Email foundation@gmail.com Phone number 08037238470 No. Certification We certify that the information given in this form is correct to the best of our knowledge and has been brown the attention of all the trustees No. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any	Postal code								
number number number number number number Name number number	State*		RIVERS						
We certify that the information given in this form is correct to the best of our knowledge and has been broom the attention of all the trustees V. Authentication Name GANI MERCY This form is authorised by trustee, secretary or any			foundation@gmail.com		08037238470				
trustee, secretary or any	We certify that the info		s form is correct to the b	est of our k	cnowledge and has been brought				
Description CHAIDMAN	Name Description				This form is authorised by a trustee, secretary or any				

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

Name	AMNA DUNGUS ROSE					
Address	Number /Building name:	NO. 9,				
	Street	JERE STREET, GARKI II,				
	City	ABUJA				
	Local Government (where	AMAC				
	applicable)					
	State	FCT				
	Country	NIGERIA				
Phone Number	08037044683					
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)				
Signature		Date 09 TH AUGUST, 2021				

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- 3) Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

- 4) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

Naı	me of Association		SOLACE PLA	CE FO	OUNDATION	N INTERNATIONAL		
Registration number			27538			· · · · · · · · · · · · · · · · · · ·		
	ssification		INCORPORATE	D TRU	STEE			
2.]	Registered Office Add	ress						
Nu	mber/building name		77,					
Str	-		LOCATION ROA	AD,				
Cit	y/Town/village		OYIGBO					
	cal Government		PORT HARCOU	JRT				
Pos	stcode							
Sta	te		RIVERS STATE					
3. 4	Annual return details							
	Year of Return		31 ST DECEMBE	31 ST DECEMBER 2010				
	Financial Year Start		31 ST DECEMBE	R 2010	Financial Year End	1 ST NOVEMBER 2009		
	Gross assets N		NIL	NIL		NIL		
	Sources of income in the	year	MEMBERS CONTRIBUTION					
	Bankers		NIL	NIL				
	Bank and balances as at f year end	inancial	NIL					
_	Trustees benefits during t	he year	INTEREST OF MEMBERS WERE PROMOTED					
3. ′	Trustee details		- 1					
Sur	rname	GAN						
For	rename(s)	MER	CY					
Nat	tionality	NIGE	RIAN Date		of birth	20/04/87		
Gender FEMA			TD 1	hone number	08035446111			

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email <u>foundation@g</u>		gmail.com Occupation		BUSINESS
Residential Address				
Number/Building Name*		52		
Street*	Street*		ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code		RIVERS		
State*				
Surname	IHEDIWA			
Forename(s)	CALISTA			
Nationality	NIGERIA		Date of birth	
Gender	FEMALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	Ladycataloue8	85@gmail. Occupation		FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	1
Postal code State*				1
		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*	PORT HA		RCOURT	
Surname	KALU	KALU		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN		Date of birth	07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	ΙΑ		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*		FLAT 10 UNCLE JOE ESTATE		
City/Town/Village*				
		IRIEBE VILLAGE		_
		OYIGBO		_
		DW WEDG		T.
Postal code State*		RIVERS		_

Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code	Postal code			
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HA		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	PASTOR NO	BLE		
Forename(s)	AMBASSAD	OR CHID	Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	pastornoble@	yahoo.com	Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	(OYIGBO]
Local Government*	I	PORT HAR	RCOURT	
Postal code				
State*	I	RIVERS		
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address	L			
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c		ves) GANI		
Surname				

Street*		SEASIDE ROAD,			
City/Town/Village*		OYIGBO			
Local Government*		PORT HARCOURT			
Postal code					
State*		RIVERS			
Email		foundation@gmail.com	Phone number	08035446111	
Surname		SARO-LAKA		•	
Other name(s)		DOMINICS BARIKA	Position held	SECRETARY	
Service Address					
Number/Building N	ame*	2			
Street*		AWKA STREET, OFF A	ABA ROAD	BEHIND OANDO FILING	
City/Town/Village*		PORT HARCOURT			
Local Government*		PORT HARCOURT			
Postal code					
State*		RIVERS			
Email		foundation@gmail.com	Phone number	08037238470	
6. Certification					
We certify that the in to the attention of all 7. Authentication		is form is correct to the bo	est of our k	knowledge and has been brought	
Name	GANI MERCY			This form is authorised by a trustee, secretary or any	
Description	CHAIRMAN			a distro, sociotary or arry	

MERCY

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

CHAIRMAN

3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

Presented for filing by:

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

day the default continues.

- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

Annual return of Incorporated Trustees (CAC/IT 04)

Pursuant to Section 848 of the Companies and Allied Matters Act, 2020

CAC/IT 4 INCORPORATED TRUSTEES ANNUAL RETURN

Associations





What this form is for

You may use this form to file Annual Return of Incorporated Trustees



For further information

please refer to our guidance at www.cac.gov.ng

Name of Association		SOLACE PLA	CE FO	DUNDATION	N INTERNATIONAL		
Registration number		27538	27538				
Classification		INCORPORATE	D TRU	STEE			
2. Registered Office A	Address						
Number/building name		77,					
Street		LOCATION ROA	AD,				
City/Town/village		OYIGBO					
Local Government		PORT HARCOU	JRT				
Postcode							
State		RIVERS STATE					
3. Annual return deta	ails	I					
Year of Return		31 ST DECEMBE	R 2009				
Financial Year Start		31 ST DECEMBER 2009		Financial Year End	I ST NOVEMBER 2008		
Gross assets N		NIL		Net assets N	NIL		
Sources of income in	the year	MEMBERS CON	TRIBU	JTION			
Bankers		NIL					
Bank and balances as year end	at financial	NIL					
Trustees benefits duri	ing the year	INTEREST OF N	ИЕМВІ	ERS WERE PE	ROMOTED		
3. Trustee details		•					
Surname	GAN	I					
Forename(s)	MER	RCY					
Nationality	NIGE	ERIAN	Date of	of birth	20/04/87		
Gender	FEM	ALE	Telep	hone number	08035446111		

Identity Number	A27020199		Identity Type	PERM. VOTERS CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	_
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	_
Postal code				
State*		RIVERS		
Service Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*	State*			
Surname	IHEDIWA			
Forename(s)	CALISTA			
Nationality	NIGERIA		Date of birth	
Gender	FEMALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	Ladycataloue8	5@gmail.	Occupation	FARMING
Residential Address				
Number/Building Name*		20		
Street*		FAITH AVENUE		
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		1
Postal code				1
State*		RIVERS		
Service Address				•
Number/Building Name*		20		
Street*		FAITH AV	/ENUE	
City/Town/Village*		OYIGBO		

Local Government*	PORT HA		RCOURT	
Surname	KALU	KALU		1
Forename(s)	NDUKWE			
Nationality	NIGERIAN		Date of birth	07/07/1949
Gender	MALE		Telephone number	08035446111
Identity Number	5131453661		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	RETIRED CIVIL SERVANT
Residential Address				
Number/Building Name*		52		
Street*		SEASIDE	ROAD,	-
City/Town/Village*		OYIGBO		-
Local Government*		PORT HA	RCOURT	-
Postal code				-
State*		RIVERS		-
Service Address		I		1
Number/Building Name*		52		
Street*		SEASIDE ROAD,		
City/Town/Village*		OYIGBO		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	MRS. IJEOM	IA		
Forename(s)	OGUNLEYE			
Nationality	NIGERIAN		Date of birth	3-8-1970
Gender	FEMALE		Telephone number	08035446111
Identity Number	216512415411		Identity Type	NATIONAL ID CARD
Email	foundation@g	mail.com	Occupation	BUSINESS
Residential Address				
Number/Building Name*		FLAT 10		
Street*		FLAT 10 UNCLE JOE ESTATE		
City/Town/Village*				
		IRIEBE VILLAGE		_
		OYIGBO		_
		DW WEDG		T.
Postal code State*		RIVERS		_

Street*		SEASIDE	ROAD,	
City/Town/Village*		OYIGBO		
Local Government*		PORT HARCOURT		
Postal code	Postal code			
State*		RIVERS		
Surname	LAKA	1		
Forename(s)	DOMINICS			
Nationality	NIGERIAN		Date of birth	20/04/1967
Gender	MALE		Telephone number	08037238470
Identity Number	53595366056		Identity Type	NATIONAL ID CARD
Email	foundation@g		Occupation	BUSINESS
Residential Address	roundation@g	man.com	Occupation	BUSINESS
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HARCOURT		
Local Government*		PORT HARCOURT		
Postal code				1
State*		RIVERS		
Service Address		<u>l</u>		
Number/Building Name*		2		
Street*			TREET, OFF ABA HIND OANDO TATION	
City/Town/Village*		PORT HA		
Local Government*		PORT HA	RCOURT	
Postal code				
State*		RIVERS		
Surname	PASTOR NO	BLE		
Forename(s)	AMBASSAD	OR CHID	Y	
Nationality	NIGERIA		Date of birth	31-12-1968
Gender	MALE		Telephone number	08033095680
Identity Number	08857037196		Identity Type	NATIONAL ID CARD
Email	pastornoble@	yahoo.com	Occupation	FARMING
Residential Address	•			
Number/Building Name*		11		
Street*		EHI LANE ROAD	E, OFF LOCATION	

City/Town/Village*	(OYIGBO]
Local Government*	I	PORT HAR	RCOURT	
Postal code				
State*	I	RIVERS		
Service Address				
Number/Building Name*	1	11		
Street*			, OFF LOCATION	
City/Town/Village*		ROAD OYIGBO		
Local Government*	I	PORT HAF	RCOURT	
Surname				
Forename(s)				
Nationality			Date of birth	
Gender			Telephone number	
Identity Number			Identity Type	
Email			Occupation	
Residential Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
Service Address				
Number/Building Name*				
Street*				
City/Town/Village*				
Local Government*				
Postal code				
State*				
	<u> </u>			
Postal code				
State*				
5. Particulars of governing c		ves) GANI		
Surname				

Description	TRUSTEE			trustee, secretary or any
Name	GANI MERCY			This form is authorised by a
o the attention of a Authentication				
. Certification We certify that the	information given in th	is form is correct to the b	est of our k	knowledge and has been brought
			number	
Email		foundation@gmail.com	Phone	08037238470
State*		RIVERS		
Postal code				
Local Governmen	t*	PORT HARCOURT		
City/Town/Village	<u>*</u>	PORT HARCOURT		
Street*		AWKA STREET, OFF A	ABA ROAD	BEHIND OANDO FILING
Number/Building	Name*	2		
ervice Address				
Other name(s)		DOMINICS BARIKA	Position held	SECRETARY
urname		SARO-LAKA		
Email		foundation@gmail.com	Phone number	08035446111
State*		RIVERS	T=-	10000001111111
Postal code				
Local Governmen	t*	PORT HARCOURT		
City/Town/Village	e*	OYIGBO		
Street*		SEASIDE ROAD,		

MERCY

52

Position

held

CHAIRMAN

authorised person of the

association.

Note:

Description

Other name(s)

Service Address

Number/Building Name*

- 1. If there is insufficient space on the form to provide any information required, please attach a separate sheet containing the information set out in the prescribed form.
- 2. This return should be accompanied by Audited Account of the Association for the year in which the return is made.

TRUSTEE

3. Annual Returns for incorporated trustees should be filed between 30th June and 31st December for the preceding financial year.

Presented for filing by:

Name	AMNA DUNGUS ROSE	
Address	Number /Building name:	NO. 9,
	Street	JERE STREET, GARKI II,
	City	ABUJA
	Local Government (where	AMAC
	applicable)	
	State	FCT
	Country	NIGERIA
Phone Number	08037044683	•
Email	dungurrose@yahoo.com	Accreditation Number NBA/IND/28129 (where applicable)
Signature		Date 09 TH AUGUST, 2021

NOTE:

Companies and Allied Matters Act, 2020 Section 862.

- Subject to the provisions of subsections (2) and (3), if any person in any return, report, certificate, balance sheet, or other document required by, or for the purpose of any of the provisions of this Act, wilfully makes a statement which is false in any material particular knowing it to be false, he commits an offence and is liable -
 - (a) on conviction to imprisonment for a term of two years; and
 - (b) in the case of a company, to fine as the Court deems fit for every

day the default continues.

- 2) A company which makes a statement in its annual returns which is false in any material particular shall in respect of each year of any such returns be liable to a penalty prescribed in the Commission's regulations if it is a small company or in any other case.
- 3) Nothing in this section shall affect the provisions of any enactment imposing penalties in respect of perjury in force in Nigeria.

CORPORATE AFFAIRS COMMISSION(CAC) - 022202600100



Payment Receipt

Generated On 09/08/202

Remita Retrieval Reference (RRR)

2605-2705-8936

PAYER INFORMATION

NAME	ROSE DUNGUS	,00
EMAIL	DUNGUSROSE@YAHOO.COM	.M.
PHONE NUMBER	+234 8037044683	

PAYMENT DETAILS

PAYMENT DATE	PAYMENT REF	SERVICE DESCRIPTION	AMOUNT (NGN)	CHARGES (NGN)	VAT ON CHARGES (NGN)	TOTAL (NGN)
09/08/2021	260527058936	ANNUAL RETURNS INCORPORATED TRUSTEE	120,000.00	750.00	56.25	120,806.25
		TOTAL PAID	120,000.00	750.00	56.25	120,806.25
		TOTAL AMOUNT				120,806.25
		BALANCE DUE				0.00

BILLER REQUIRED INFORMATION

ITEM	DESCRIPTION
Description	Filing of annual Returns from 2009-2020
State	000 - Abuja H/Q
Name Of Principal	SOLACE PLACE FOUNDATION INTERNATIONAL CAC/IT/NO.27538

PAYMENT CHANNEL INFORMATION

PAYMENT CHANNEL	MASKED CARD PAN	AUTHORIZATION REF	CARD SCHEME
Card Payment		8092621411 -	

CORPORATE AFFAIRS COMMISSION

(Established under the Companies and Allied Matters Act 1990)



APPLICATION FOR CERTIFIED TRUE COPY OF CERTIFICATE CAC/CTC-001

Registration No.	27538	
Entity Name		
	SOLACE PLACE FOU	INDATION INTERNATIONAL

SECTION A – Details of Application

D	escription of CTC	Number of Copies	Other Details (If Any)	
]	APPLICATION FOR FILING OF INCORPORATED TRUSTEE ANNUAL RETURNS FROM 2009 TO 2020	1		

SECTION B - Details of Applicant's Delivery Address

Date of Application	9 TH AUGUST, 2021	Entity Type	Company		
Presenter's Name	AMNA DUNGUS ROSE ESQ				
Accreditation No.: (if any)	NBA/IND/32644				
Mobile Number:	08037044683				
Email Address:	dungusrose@yahoo.com_				
Courier Company	GWX				
Delivery Address:		PICK UP			

Note:

- i. Attach payment receipt.
- ii. Attach all relevant document(s)applicable.
- iii. Select Courier Company.
- iv. Delivery address must be easily traceable.
- v. Delivery is at customer's expense.
- vi. Customers are advised to refer to Operations Checklists and Forms.
- vii. Mail the completed form and other relevant document(s) to<u>ctc@cac.gov.ng.</u>