

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 AMENDED

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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

permitty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
74244	The Council of Seven/Royal House of Pokanoket/Pokanoket Tribe/Wampanoag Nation					
3. State of Incorporation	4. Corporate address in	4. Corporate address in Rhode Island - Street Address			Zip	
Rhode Island	400 Metacom A	venue		Bristol	02809	
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zip	
6. Brief Description of the character	r of the affairs which are a	ictually conducted in Rho	ode Island			
To combine and unite all the	ne decendents of Po	kanoket/Wampano	ag			
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) [FILL IN SPACE	S BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Clifford W. Guy			None			
Street Address			Street Address	Street Address		
45 Columbia Avenue			none			
City	State	Zip	City	State	Zip	
Jamestown	Rhode Island	02835	None	None	Note	
Secretary Name			Treasurer Name			
Tracey Brown			Sheryl Smith			
Street Address			Street Address			
41 Fales Avenue			15 Julien Avenue			
City	State	Zip	City	State	74	
Barrington	Rhode Island	02806	East Providence	Rhode Island	02914	
8. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR A	TTACHMENT) TILL IN SPACE	S BEFORE USING ATTA		
THE NUMBER OF DIRECT	ORS OF A DOMEST	IC (RHODE ISLAN	D) CORPORATION <u>SHALL NO</u>	OT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Herbert Tilson			Clifford Soucy			
Street Address			Street Address			
176 Baker Street			251 Christian Hill Road			
City	State	Zip	City	State	Zin CLASSII	
Providence	Rhode Island	02905	Brooklyn	Connecticut	0 62 34 ℃≤5	
Director Name			Director Name			
Jeffrey Weeden			None			
Street Address			Street Address			
400 Metacom Avenue			none			
City	State	Zip	City	State	Zip	
Bristol	Rhode Island	02809	none	none	none	
9. REGISTERED AGENT IN	RHODE ISLAND				1	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report mus	t be signed by either	the President, Vice	President, Secretary, Assistant	Secretary Treasurer Rec	eiver or Trustee	

File Date	FILED /~				
Check No.	FEB 0 2 2009				
Ву:	By 0- 11:40 @				
1	FOR SECRETARY OF STATE USE ONLY				

74244

Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and statements contained herein are true and correct.	
Signature of Office Clifford W. Guy	Date)
Print or Type Name of Officer	
POWWAS President	
Title of Officer	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

