

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 1029
401.2

Filing Period: 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.	_		, ,
1. Corparage ID No. 2. Name of Corporation 14244 The Council of Leven	Royal House.	of PokenoKet /Por	Kano Ket Tr. bl Wan
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address in Rhode Island - S	ss	Bristy 1	2ip 0 2809
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Khode Is	sland		
to combine and unte all the dec		f Pobanoket/	Wam pancag
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC.	HMENT) FILL IN S	PACES BEFORE USING ATT	ACHMENTS
President Name	Vice President Name		
Street Address Q	NONT.	<u> </u>	
45 Columbia Aice City State Zip	NONE		
Jamestour Bhode Island 028 35	City Non	State NowE	NONE
TRARRY Brown	Treasurer Name	5mith	
Sireet Address	Strant Address		
City State State Darring two Rhode Island 02806	Chy A	lien AVE	, Zip
Barring two Rhodr Island 02806 8. NAMES AND ADDRESSES OF THE DIRECTORS: (" BOX FOR ATTA	E. Prov.de	PACES BEFORE USING ATT	000 03914
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHAI	LL NOT BE LESS THAN THI	REE (3). R.I.G.L. 7-6-23
Henbert tilgon	Director Name	d Soury	
Street Address 176 Baker Street Stor D State	251 Christian H.11 Read		
Providence Rhode Island 02905	Brookla	yn Connection	1 156 2 34
Jeffery Weden	Director Name .	ux Corey	,
Street Address 1100 MPtacom AVENUE City Diristol Stage Khode Island 02809	Street Address	Woodstack	AVENUE
	City Putnam	Woodsteek Connection	14 06260
9. REGISTERED AGENT IN RHODE ISLAND			-
This information is currently of record in the Office of the Secretary of State	te. Changes require filing	g of Form 641 - R.I.G.L. 7-6-1	3/7-6-78
This report must be signed by either the President, Vice President	sident, Secretary, Assis	stant Secretary, Treasurer, Re	ceiver or Trustee
			230
FILED			Same Control
JUN 0.9 2009			الله الله الله الله الله الله الله الله
7000	,		
	Under penalty	of porjury, I declare and affirm	that I have examined this
129.911	32 statements con	tained berein are true and correct	et
File Date	- \	ally Cry	$\frac{1}{1}$ $\frac{\omega}{\omega}$ $\frac{1}{1}$
Check No.	Anth	us Post 1	Date :
By:	Print or Type N	/ /	<u> </u>
FOR SECRETARY OF STATE USE ONLY	ار الله آل Title of Officer	ator lou.	ne.L
	inc of Officer		Form 631 Rev. 09/17