



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000312487

2. Name of Corporation North East Wigwam, Inc.

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street: 220 FORBES STREET

City or Town: RIVERSIDE State: RI Zip: 02915 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 501 W. 123RD ST. APT. 20F

City or Town: NEW YORK State: NY Zip: 10027 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE ASSISTANCE TO NEW ENGLAND NATIVE AMERICANS TO EDUCATE, COLLABORATE, MENTOR, PRESERVE AND PROMULGATE THE CULTURE THROUGH GENEEOLOGICAL AND HISTORICAL RESEARCH, ARTS AND CRAFTS, DEVELOPMENT AND PROMOTION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBORAH CHAMPLAIN	501 WEST 123 STREET, APT. 20F NEW YORK, NY 10027 USA
DIRECTOR	GAIL BELT	220 FORBES STREET RIVERSIDE, RI 02915 US
DIRECTOR	FRANCINE HANEY	380 NORTH BROADWAY YONKERS, NY 10701 US
DIRECTOR	RAYMOND LANCE MAYFIELD	501 W. 123RD ST. APT. 20F NEW YORK, NY 10027 US

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

GAIL BELT 220 FORBES STREET RIVERSIDE , RI 02915

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 4 Day of August, 2010 at 9:00:34 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DEBORAH CHAMPLAIN
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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