



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000026330		2. Exact name of the Corporation American Indian Federation, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote friendship & education, protect civil rights, record achievements and stimulate the study of American Indians			
5. Principal office address 78 Lafayette Street		City Johnston	State RI	Zip 02919	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Arthur Donovan		Vice-President Name Michael Ras			
Street Address 78 Lafayette Street		Street Address 41 Neverville Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Sarah Holmänder		Treasurer Name Judith Gregory			
Street Address 91 Northup Street		Street Address 33 Clifton Avenue			
City Warwick	State RI	Zip 02887	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Carol Ritz		Director Name Carol Brown			
Street Address 45 Leigh Street		Street Address 504 Wellington Avenue			
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02910
Director Name Darlene Spears		Director Name Michael Ras			
Street Address 254 James Street		Street Address 41 Niverville Street			
City West Kingstown	State RI	Zip 02892	City Johnston	State RI	Zip 02919
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUL 13 2012

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Arthur T. Donovan 7-12-12
 Signature of Officer Date

ARTHUR T. DONOVAN
 Print or Type Name of Officer

PRESIDENT / CHIEF
 Title of Officer

File Date _____

Check No _____

By: _____

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