



**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: 2014

1. Corporate ID No. 000030163

2. Name of Corporation THE TOMAQUAG INDIAN MEMORIAL MUSEUM

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 390 A SUMMIT ROAD

City or Town: EXETER

State: RI Zip: 02822 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO PROMOTE UNDERSTANDING OF THE NATIVE AMERICAN INDIAN, TO MAINTAIN A MUSEUM, TO OPERATE A SCHOOL FACILITY NAMED THE NUWEETOOUN SCHOOL

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MARIA LAWRENCE	PO BOX 423 COVENTRY, RI 02816 USA
SECRETARY	JANET DEAN PHD	190 EIGHTH ST PROVIDENCE, RI 02906 USA

VICE PRESIDENT	WANDA HOPKINS	187 DIAMOND HILL ROAD ASHAWAY, RI 02804 USA
DIRECTOR	KATIE VICKERS KIRAKOSIAN PHD	523 HAZARD RD. EXETER, RI 02822 USA
DIRECTOR	TOM MEADE	P.O. BOX 398 BRADFORD, RI 02808 USA
DIRECTOR	JONATHAN JAMES PERRY	76 ORLANDO DR. NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	SIOBHAN SENIER PHD	395 NORTH RIVER RD EPPING, NH 03042 USA
DIRECTOR	DON HOPKINS	187 DIAMOND HILL ROAD ASHAWAY, RI 02804 USA
DIRECTOR	TOM ORVOSH	190 CURTIS CORNER ROAD SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	AVIS HAZARD-SPEARS	106A OLD MILL RD CHARLESTOWN, RI 02813 USA
DIRECTOR	ENDAWNIS SPEARS	9 EVANS LANE HOPE VALLEY, RI 02832 USA
DIRECTOR	LEAH HOPKINS	76 ORLANDO DR N. PROVIDENCE, RI 02904 USA
DIRECTOR	PADMA VENKATRAMAN PHD	67 LAKEWOOD DRIVE NARRAGANSETT, RI 02882 USA
DIRECTOR	MARY VIEIRA	35 PLYMOUTH RD. JAMESTOWN, RI 02835 USA
DIRECTOR	GWENN VITTIMBERGA MD	44 CATLIN AVE. RUMFORD, RI 02916 USA
DIRECTOR	ELISABETH MANNING	120 NORTH BURNHAM HIGHWAY LISBON, CT 06351 USA
DIRECTOR	MIKKI WOSENCRIFT	PO BOX 20658 NEW YORK, NY 10025 USA
DIRECTOR	PAULLA DOVE JENNINGS	325 A. ARCADIA RD. HOPE VALLEY, RI 02832 USA

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

APULLA DOVE JENNINGS 390 SUMMIT ROAD EXETER , RI 02822-

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

Signed this 28 Day of June, 2014 at 11:07:55 AM by the authorized person. 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 company, 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 WANDA HOPKINS
Signature of Authorized Person

Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved