



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. 000074244

2. Name of Corporation The Council of Seven/Royal House of Pokanoket
Tribe/Wampanoag Nation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 102 MELROSE ST

City or Town: PROVIDENCE State: RI Zip: 02907 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 COMBINE AND UNITE ALL THE DESCENDENTS OF POKANOKET/WAMPANOAG.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL S WEEDEN	14 WEDGEWOOD LN MILLBURY, MA 01527 USA
SECRETARY	CRAIG A MARTIN	102 MELROSE ST PROVIDENCE, RI 02907 USA

VICE PRESIDENT	LAURI GROH-GERMAIN	102 MELROSE ST PROVIDENCE, RI 02907 USA
DIRECTOR	CRAIG MARTIN	102 MELROSE ST PROVIDENCE, RI 02907 USA
DIRECTOR	LAURI GROH-GERMAIN	102 MELROSE ST PROVIDENCE, RI 02907 USA
DIRECTOR	MICHAEL WEEDEN	14 WEDGEWOOD LN MILLBURY, MA 01527 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**

CRAIG A. MARTIN POKANOKET TRIBE 102 MELROSE STREET PROVIDENCE , RI 02907

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

Signed this 20 Day of November, 2014 at 5:33:46 PM 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 MICHAEL S WEEDEN
Signature of Authorized Person

Form No. 631
Revised 09/07