



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:** 2016

**1. Corporate ID No.** 000026522

**2. Name of Corporation** Narragansett Tribe of Indians

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: C/O MEDICINEMAN LLOYD WILCOX  
643 STONY FORT ROAD

City or Town: SAUNDERSTOWN State: RI Zip: 02874 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**

INDIAN AFFAIRS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	MARY S. BROWN	113 SOUTH RD. EXETER, RI 02822 USA
SECRETARY	DAWN SPEARS	P.O. BOX 268 CHARLESTOWN, RI 02813 USA

PRESIDENT	MATTHEW THOMAS CHIEF SACHEM	PO BOX 1640 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
MEDICINEMAN	LLOYD WILCOX	100 STONYFORT RD SAUNDERSTOWN, RI 02874 USA
COUNCILMAN	LONNY BROWN	6 PIEGON HILL RD. BRADFORD, RI 02808 USA
DIRECTOR	RANDY NOKA	366 CHURCH STREET RICHMOND, RI 02812 USA
DIRECTOR	KIM HAZARD	97 EMMETT LANE WAKEFIELD, RI 02879 USA
DIRECTOR	HIAWATHA BROWN	1030 OAKLAWN AVENUE CRANSTON, RI 02920 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**

MEDICINEMAN LLOYD WILCOX 643 STONY FORT ROAD SAUNDERSTOWN , RI 02874

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

**Signed this 19 Day of June, 2016 at 3:37:35 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 MARY S. BROWN  
Signature of Authorized Person

Form No. 631  
Revised 09/07