



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 15 PM 1:42

1. Entity ID Number 001049085		2. Exact name of the Corporation Manisseean Tribal Council	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To preserve the cultural heritage of the Manisseean Tribal Indians	
5. Principal Office Address 823 Beacon Hill Road		City Block Island	State RI
		Zip 02807	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David A Grobern Jr.		Vice-President Name Barbara Grobern	
Street Address Beacon Hill Road (PO Box 431)		Street Address 35 Seabrook Drive	
City Block Island	State RI	City East Providence	State RI
Zip 02807		Zip 02914	
Secretary Name Shirlyne Grobern		Treasurer Name Crystal Cassell	
Street Address Dodge Street (PO Box 542)		Street Address 4701 Still Place	
City Block Island	State RI	City Woodbridge	State VA
Zip 02807		Zip 22193	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David A Grobern Jr.		Director Name Donald R. Grobern	
Street Address Beacon Hill Road (PO Box 431)		Street Address 40 Puritan Street	
City Block Island	State RI	City Providence	State RI
Zip 02807		Zip 02901	
Director Name Shirlyne J Grobern		Director Name Crystal A Cassell	
Street Address Dodge Street (PO Box 542)		Street Address 4701 Still Place	
City Block Island	State RI	City Woodbridge	State VA
Zip 02807		Zip 22193	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Crystal Cassell		Date July 15, 2016	
Signature of Officer/Authorized Representative <i>Crystal A Cassell</i>		SIGN DOCUMENT HERE	

FILED

JUL 15 2016

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

By 4279149
FORM 631 - Revised: 05/2016