



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 R.I. DEPT. OF STATE
BUSINESS DIV

2017 MAY 25 AM 10:31

1. Entity ID Number 001341056		2. Exact name of the Corporation Pokanoket Nation Business, Inc												
3. Principal Office Address 43 Fales Ave.			City Barrington	State Rhode Island	Zip 02806									
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island This corporation has the purpose of engaging in any lawful business.												
5. State of Incorporation Pokanoket, Rhode Island <i>Nation</i>		<i>Retail Sales</i>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Incorporator- Pokanoket Nation <i>Po Wauipi Neimpaug</i>			Vice-President Name											
Street Address P.O. Box 172			Street Address											
City Barrington	State RI	Zip 02806	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>STK</td> <td>0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	STK	0.0100			
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10	STK	0.0100												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.														
Name of Authorized Representative Po Wauipi Neimpaug				Date										
Signature of Authorized Representative <i>Po Wauipi Neimpaug</i>				FILED										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 25 2017

BY *CU 3044574*

FORM 630 - Revised: 02/2017