



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 <b>001341056</b>		2. Exact name of the Corporation <b>Pokanoket Nation Business, Inc</b>			
3. Principal Office Address <b>43 Fales Ave.</b>			City <b>Barrington</b>	State <b>Rhode Island</b>	Zip <b>02806</b>
4. NAICS Code <b>44-45</b>		6. Brief description of the character of business conducted in Rhode Island <b>This corporation has the purpose of engaging in any lawful business.</b>			
5. State of Incorporation <b>Pokanoket, Rhode Island</b> <i>Nation</i>		<i>Retail Sales</i>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Incorporator- Pokanoket Nation</b> <i>Po Wauipi Neimpaug</i>		Vice-President Name			
Street Address <b>P.O. Box 172</b>		Street Address			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>10</b>		<b>STK</b>	<b>0.0100</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Po Wauipi Neimpaug</b>					Date
Signature of Authorized Representative <i>Po Wauipi Neimpaug</i>					

**FILED**

**MAY 25 2017**

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 *CU 304457*