



**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:** 2017

**1. Corporate ID No.** 000030163

**2. Name of Corporation** THE TOMAQUAG INDIAN MEMORIAL MUSEUM

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
712110

**4. Corporate Address in Rhode Island**

No. and Street: 390 A SUMMIT ROAD  
City or Town: EXETER State: RI Zip: 02822 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 PROMOTE UNDERSTANDING OF THE NATIVE AMERICAN INDIAN, TO MAINTAIN A MUSEUM, TO OPERATE A SCHOOL FACILITY NAMED THE NUWEETOOUN SCHOOL

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY VIEIRA	35 PLYMOUTH RD JAMESTOWN, RI 02835-1236 USA
PRESIDENT	RACHEL SAYET	43 GRANITE ST APT D3 NEW LONDON, CT 06320 USA
TREASURER	TINA SPEARS	68 INDIAN CEDAR DRIVE CHARLESTOWN, RI 02813 USA
SECRETARY	GERALYN DUCADY	142 MOWRY AVENUE CUMBERLAND, RI 02864 USA
ASSISTANT SECRETARY	KATIE VICKERS KIRAKOSIAN PHD	523 HAZARD RD. EXETER, RI 02822 USA
DIRECTOR	ALEXANDREA FORTIN	17 FAIRVIEW DRIVE PAWCATUCK, CT 06379 USA
DIRECTOR	TOM ORVOSH	190 CURTIS CORNER ROAD SOUTH KINGSTOWN, RI 02879 USA
DIRECTOR	MIKKI WOSENOCROFT	PO BOX 20658 NEW YORK, NY 10025 USA
DIRECTOR	ELISABETH MANNING	120 NORTH BURNHAM HIGHWAY LISBON, CT 06351 USA
DIRECTOR	SIOBHAN SENIER PHD	395 NORTH RIVER RD EPPING, NH 03042 USA
DIRECTOR	RACHEL SAYET	43 GRANITE ST APT D3 NEW LONDON, CT 06320 USA
DIRECTOR	WANDA HOPKINS	187 DIAMOND HILL ROAD ASHAWAY, RI 02804 USA
DIRECTOR	EMILY MANNING	20 ICE HOUSE ROAD LISBON, CT 06351 USA
DIRECTOR	ELISABETH MANNING	120 N. BURNHAM HWY. LISBON, CT 06351 USA
DIRECTOR	CHRYSTAL BAKER	OLD MILL RD CHARLESTOWN, RI 02813 USA
DIRECTOR	SHARON ALEXANDER	639 S. COUNTY TRAIL EXETER, RI 02822-3412 USA
DIRECTOR	AMY PICKWORTH	1064 4TH STREET PROVIDENCE, RI 02906 USA
DIRECTOR	CYNTHIA STANTON	210 FLAGG RD KINGSTON, RI 02881 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**

APULLA DOVE JENNINGS 390 SUMMIT ROAD EXETER , RI 02822

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

**Signed this 30 Day of June, 2017 at 5:31:50 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 LOREN M SPEARS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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