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1. Entity ID No.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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3. State of Incorporation			usiness conducted in Rhode Isla			
Rhode	Consa	ervation.	- related sc	18th DOB	18 SEARTCH	
Island				ν		
Principal office address	^		City	State	Zip	
67 Howland.	AVE		<u> Lamestown</u>	RI	02835	
6. LIST ALL OFFICERS (NAMES President Name	AND ADDRESS	ES) ("X" BOX FOR AT	Vice-President Name	<u>. * 4 </u>		
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Street Address	` ~	<u> </u>	Street Address	13.00		
67 Howland	J AYE			ntodar		
City	State	Zip	City	State	Zip 76856	
Jamestonn Secretary Name	0 7	02835	Treasurer Name	1) 🔨	110000	
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City	State	Zip ASIC/AZ	City) State J	205346	
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7. LIST <u>ALL</u> DIRECTORS (NAME ("X" BOX FOR ATTACHMENT)		SSES). HNUDE ISLAND	CORPORATIONS AND LE	ST NU LESS THAN	INNEE (3) DINECTORS	
Director Name	1.1		Director Name			
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Street Address	· <u> </u>		Street Address	a. 10 Sai	104	
city Swinburne	ンプリー State	Zip	CIPY THICK DI	RIVINIONE State	Zip	
Jamestoun	TO T	702835	PHUE 10 \$	1 1	105346	
Director Name	^		Director Name	 		
michelen	JUSSEW	rain	Richard Ta	ylor		
Street Address	3 4		Street Address	2)		
	State	Zip	13699 Bluft	State	Zip	
Jamestown	RT	02835	MASON	Ty	76856	
B. REGISTERED AGENT IN RHO	DE ISLAND	1 - 10 () 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
This information is currently of r	record in the Off	ice of the Secretary of	State. Changes require filing	Form 641.		
This report must be signed by eithe	er the President, \	/ice-President, Secretar	y, Assistant Secretary, Treasure	er, duly Authorized R	epresentative, Receiver	
or Trustee						
PM- B-4-			Under penalty of perjury, this report, including any			
File Date		A CONTRACTOR OF THE PARTY OF TH	and that all statements co	ontained herein are	true and correct.	
Check No	_	CHILD COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE		h - C	,	
By:		FII ED	michelek	1130rzeti	nan 15 June	a
-		1 1300000	Signature of Officer or Auth	drized Representativ	ve `` Date	-
FOR SECRETARY OF STATE U	ISE ONLY	ILL 0 5 2017	l kan li i i	/ No.		
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