RI SOS Filing Number: 201749640920 Date: 9/13/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	7 4 . 17
Non-Profit Corporation	2017

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

1. Entity ID Number	2. Exact name of the Corporation				
000026330	American Indian Federation, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI_	Intertribal indian organination to				
4. NAICS Code	promote cultural and educational				
813319	awareness				
6. Principal Office Address		City	State	Zip 	
570 Carolina Bo	570 Carolina Back Rd		KI	02613	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name DAVIDE	Kahn	Vice-President Name	d Paren	teall	
Street Address 510 Carolina	01 4 4 4 4				
Ciny Charlestown	State Zip 02813	City Warwick	State RI	02886	
Secretary Name	olmander	Treasurer Name Heather	Pacent	teau	
Street Address 4 Wildwood TR Street Address 12 Wilmarst					
City E.Greenwich	State RI Zip 2818	City Warwick	State RI	Zip 02886	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Daciene	Spears	Director Name Jesse	Donovo	LN.	
Stroot Address	nes 5t	Street Address 78 Lafa	yelle	5+	
City W. Kingstown	State RI Zip 2842	city Johnston	State RI	Zip 2919	
Director Name RICHARD	Director Namo				
Street Address 12 Wilma	- 1	Street Address			
City Warwick	State Zip 03888	City	State	Zip	
9. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative			Date		
Sarah Holmander Secretary 19/10/11					
Sarah Holmander Secretary Signature of Officer/Authorized Representative Signature of Officer/Authorized Representative Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 13 2017

BY

FORM 631 - Revised: 08/2017