



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

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 000026330		2. Exact name of the Corporation American Indian Federation, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Inter-tribal Indian organization to promote cultural and educational awareness	
4. NAICS Code 813319			
6. Principal Office Address 570 Carolina Back Rd		City Charlestown	State RI
		Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David E Kahn		Vice-President Name Richard Parenteau	
Street Address 570 Carolina Back Rd		Street Address 12 Wilmar St	
City Charlestown	State RI	City Warwick	State RI
Zip 02813		Zip 02886	
Secretary Name Sarah Holmander		Treasurer Name Heather Parenteau	
Street Address 4 Wildwood Tr		Street Address 12 Wilmar St	
City E. Greenwich	State RI	City Warwick	State RI
Zip 02818		Zip 02886	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Darlene Spears		Director Name Jesse Donovan	
Street Address 254 James St		Street Address 78 Lafayette St	
City W. Kingstown	State RI	City Johnston	State RI
Zip 02892		Zip 02919	
Director Name Richard Parenteau		Director Name	
Street Address 12 Wilmar St		Street Address	
City Warwick	State RI	City	State
Zip 02886		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 Sarah Holmander, Secretary			Date 9/10/17
Signature of Officer/Authorized Representative Sarah Holmander			SEEN DOCUMENT HERE

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

FORM 631 - Revised: 08/2017

BY

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