

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2018

SECRETARY OF STATE
CORPORATIONS DIV

2018 JUN -8 PM 3: 20

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number 2. Exact name of the Corporation	
161774 Northern Narraggnsett Indian Tribe OF RIT.	
3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island 70 (05 or 1 or 1)	
3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island 70 Insure the recognition of 145 Tribal Members to decendants of the indigenous reople of the State of K.I.	
5. Principal Office Address	City State Zip
807 Broad Street 248 ROX 5	trovidence RF 02907
6. List ALL officers (names and addresses)	Check the box to indicate an attachment
President Name Otis E. Bliss	Vice-President Name Lloyd R. Barber
Street Address 106 Miner St.	Street Address Old Kings High Way
City Providence State RI Zip 02905	City Hampton State ONN. 210 06247
Secretary Name Marion B. Barber	Treasurer Name Corg E. Rose
Street Address 010 Kings High Way	Street Address Pawtucket Aue,
City Itampton State onn. Zibba47	city Egst Prov. State RI Zip 02915
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment	
Director Name Mrs. Frances T. Pamos	Director Name Joy Robinson
Street Address Woodbine ST.	Street Address 213 OX FOUD ST.
city Providence State Rt Zip 02906	cityProvidence State R= Zip 2915
Director Name anion B, Barber	Director Name Jenni Fer M. Lee
Street Address Old Kings High Way	Street Address Grove-nor Street
CITY HAMPTON STATE ONN ZIPOGZYM	city Plain Field State M9 Zip 01026
8. 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 6-8-18
Signature of Officer/Authorized Representative	
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FILED	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2016