



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STAMP
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 26 PM 2:13

1. Entity ID Number 001341056		2. Exact name of the Corporation Pokanoket Nation Business, Inc			
3. Principal Office Address 43 Fales Ave.		City Barrington,		State RI	Zip 02806
4. NAICS Code 444120	6. Brief description of the character of business conducted in Rhode Island Retail Sales				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Incorp.- Pokanoket Nation Po Wauipi Neimpaug			Vice-President Name		
Street Address P.O. Box 172			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10	STK	0.0100	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Po Wauipi Neimpaug				Date 02/26/19	
Signature of Authorized Representative <i>Po Wauipi Neimpaug</i>				SIGN DOCUMENT HERE BY [Signature] SPJTBK	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov