



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

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 27 AM 10:18

Annual Report for the year: **2019**

Non-Profit Corporation

- 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 161774		2 Exact name of the Corporation Northern Narragansett Indian Tribe Of RI			
3 State of Incorporation RI 921150		5 Brief description of the character of business conducted in Rhode Island To insure the recognition of its Tribal members & descendants of the indigenous people of the state of RI.			
4 NAICS Code 921150					
6 Principal Office Address 807 Broad St.#248 Box #5			City Providence	State RI	Zip 02907
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Otis E. Bliss			Vice-President Name Lloyd R. Barber		
Street Address 106 Miner St.			Street Address 24 Old Kings Highway		
City Providence	State RI	Zip 02905	City Hampton	State conn.	Zip 06247
Secretary Name Marion B. Barber			Treasurer Name Cora E. Rose		
Street Address 24 Old Kings Highway			Street Address 2987 Pawtucket Ave.		
City Hampton	State conn.	Zip 06247	City East Providence	State RI	Zip 02915
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Mrs. Frances T. Ramos			Director Name Joy Robinson		
Street Address 324 Fort St.			Street Address 213 Oxford St.		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02915
Director Name Marion B. Barber			Director Name Jennifer M. Lee		
Street Address 24 Old Kings Highway			Street Address 26 Governor St.		
City Hampton	State Conn.	Zip 06247	City Plainfield	State Ma	Zip 01026
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Frances Ramos				Date 06/27/2019	
Signature of Officer/Authorized Representative <i>Frances Ramos</i>				SIGN DOCUMENT 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

JUN 27 2019
BY **2D XRA**
A.A.

Director

161774

Vivian Waite
81 West Warwick Ave
West
Warwick, R.I.