

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

Annual Report for the year: 2018

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 NOV 21 PM 12:22

1. Entity ID Number 000026330		2. Exact name of the Corporation American Indian Federation, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Intertribal Indian organization which promotes cultural and educational awareness.			
4. NAICS Code 813319 - Other Social Advoca <input type="checkbox"/>					
6. Principal Office Address 12 Wilmar Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard C. Parenteau		Vice-President Name Jesse Donovan			
Street Address 12 Wilmar Street		Street Address 78 Lafayette Street			
City Warwick	State RI	Zip 02886	City Johnston	State RI	Zip 02919
Secretary Name Sarah Holmänder		Treasurer Name Heather Parenteau			
Street Address 4 Wildwood Trail		Street Address 12 Wilmar Street			
City East Greenwich	State RI	Zip 02818	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 <input type="checkbox"/>					
Director Name Martha Nunes		Director Name Jesse Donovan			
Street Address 300 Middle Road		Street Address 78 Lafayette Street			
City Portsmouth	State RI	Zip 02871	City Johnston	State RI	Zip 02919
Director Name Darlene Spears		Director Name Sharon Thomas			
Street Address 254 James Street		Street Address 40 Lakewood Avenue			
City West Kingstown	State RI	Zip 02892	City Warwick	State RI	Zip 02889
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Sarah Holmänder, Secretary				Date 11/19/19	
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

NOV 21 2019
 BY **ZTZ9W**
A.A. 12:23pm