

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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 Advocacy <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	City Johnston	State RI Zip 02919
Secretary Name Sarah Holmader		Treasurer Name Heather Parenteau	
Street Address 4 Wildwood Trail		Street Address 12 Wilmar Street	
City East Greenwich	State RI	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	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	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 Holmader, 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

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