



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000161774

**2. Name of Corporation** NORTHERN NARRAGANSETT INDIAN TRIBE OF RHODE ISLAND

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

921150

**4. Corporate Address in Rhode Island**

No. and Street: 807 BROAD STREET, SUITE 248, BOX 5

City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO INSURE THE RECOGNITION OF ITS TRIBAL MEMBERS AS DECENDANTS OF THE INDIGENOUS PEOPLE OF THE STATE OF RHODE ISLAND WHILE PROVIDING SUPPORT TO THE TRIBAL COMMUNITY. EXCLUSIVELY FOR CHARITABLE PURPOSES. TO INCLUDE THE CONSERVATION AND PRESERVATION OF TRIBAL HISTORICAL LANDS AS OPEN SPACE AND TO PROTECT THE WILDLIFE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	OTIS E BLISS	106 MINER STREET PROVIDENCE, RI 02906 USA
TREASURER	JOY ROBINSON	213 OXFORD ST. PROVIDENCE , RI 02915 USA
SECRETARY	MARION B. BARBER MRS	24 OLD KINGS HIGHWAY HAMPTON, CT 06247 USA
VICE PRESIDENT	LLOYD R BARBER MR	24 OLD KINGS HIGHWAY HAMPTON, CT 06247 USA
DIRECTOR	FRANCES T. RAMOS MRS.	125 HOBSON AVE. E PROVIDENCE , RI 02914 USA
DIRECTOR	JOY ROBINSON	213 OXFORD ST. PROVIDENCE , RI 02915 USA
DIRECTOR	MARION B. BARBER MRS.	24 OLD KINGS HIGHWAY HAMPTON , CT 06247 USA
DIRECTOR	JENNIFER M. LEE	25 GOVERNOR ST. PLAINFIELD , MA 01026 USA
DIRECTOR	KEVIN BLISS	212 OXFORD ST. PROVIDENCE , RI 02905 USA
DIRECTOR	MICHELLE HILL	224 DOUGLAS AVE. PROVIDENCE , RI 02908 USA
DIRECTOR	VIVIAN WAITE	81 WEST WARWICK AVE WEST WARWICK , RI 02893 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

FRANCES T. RAMOS 807 BROAD STREET, SUITE 248, BOX 5 PROVIDENCE , RI 02907

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 2 Day of July, 2020 at 2:15:47 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By FRANCES RAMOS  
Signature of Authorized Person

