



**State of Rhode Island  
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:** 2021

**1. Corporate ID No.** 000846748

**2. Name of Corporation** Wiquapaug Eastern Pequot Indian Tribe

**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



813312

**4. Principal Office Address**

No. and Street: 39 BRADFORD ROAD

City or Town: BRADFORD

State: RI

Zip: 02808

Country: USA

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

No. and Street:

City or Town:

State:

Zip:

Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ORGANIZE THE WQUAPAUG EASTERN PEQUOT INDIAN TRIBE FOR THE PURPOSE OF LOCAL SELF-GOVERNMENT; TO PROMOTE EDUCATION, TO TRAIN INDIANS IN HISTORY, LANGUAGE, RELIGION, AND ARTS AND CRAFTS; TO ACQUIRE, CONSERVE, INCREASE AND DEVELOP INDIAN LANDS; TO HOLD PUBLIC POW WOWS, TO PROTECT THE CIVIL RIGHTS OF WQUAPAUG INDIANS AND THEIR DESCENDANTS, TO PROMOTE OTHER CHARACTERISTICS AND EDUCATION AND TO RAISE FUNDS AND SOLICIT DONATIONS TO ACCOMPLISH ANY OF THE ABOVE MENTIONED AND TO

**PERFORM OTHER FUNCTIONS PERMITTED BY LAW.**

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BYRON O BROWN	39 BRADFORD RD BRADFORD, RI 02808 USA
TREASURER	BYRON O. BROWN TREASURER	39 BRADFORD ROAD BRADFORD, RI 02808 USA
SECRETARY	MICHAEL R. WINTER SECRETARY	75 PLEASANT STREET WESTERLY, RI 02891 USA
SUB CHIEF- DIRECTOR	KEITH R BROWN SUB CHIEF	1400 BROAD ROCK RD WAKEFIELD, RI 02879 USA
SUB CHIEF-DIRECTOR	RODMAN BOURNE SUB CHIEF	52 CANBERY DRIVE MAYS LANDING, NJ 08330 USA
DIRECTOR	MICHAEL R WINTERS	75 PLEASANT STREET WESTERLY, RI 02891 USA

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

BYRON O. BROWN 39 BRADFORD ROAD BRADFORD , RI 02808

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

*Signed this 4 Day of June, 2021 at 12:57:56 AM 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 BYRON O. BROWN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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