



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. 001716497

2. Name of Corporation Eastern Indigenous Research Institute Non Profit Corporation

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

4. Principal Office Address

No. and Street: 39 NOYES STREET
City or Town: WARWICK State: RI Zip: 02886 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

THE MAIN MISSION OF THE NONPROFIT IS TO SERVE AS A NATIVE AMERICAN NONPROFIT THAT INCLUDES SCHOLARLY RESEARCHERS, EDUCATORS, GRANT WRITERS TO PROVIDE IMPROVED HEALTH AND EDUCATIONAL WELL-BEING FOR INDIGENOUS COMMUNITIES LOCATED MAINLY ON THE EAST COAST. HONESTY, PATIENTS, RESPECT, LOVE, AND INTEGRITY ARE REQUIREMENTS FOR THE NONPROFIT AND ALL ITS

MEMBERS TO FOLLOW. THESE NONPROFIT MEMBERS INCLUDE BOARD MEMBERS, VOLUNTEERS, AND WORKERS. IN ADDITION, ALL INDIVIDUALS ASSOCIATED WITH THIS ORGANIZATION WILL ALWAYS FOLLOW THESE QUALITIES AT THE NONPROFIT AND IN THE PUBLIC AS A REPRESENTATIVE OF THE NONPROFIT.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	KRISTINE D JONES	39 NOYES STREET WARWICK, RI 02886 USA
DIRECTOR	KRISTINE D JONES	39 NOYES STREET WARWICK, RI 02886 USA
DIRECTOR	ROBERT JONES	39 NOYES STREET WARWICK, RI 02886 USA
DIRECTOR	REYNA M SYMONDS	43 SIMPSON STREET NORTH PROVIDENCE, RI 02911 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

KRISTINE D JONES 39 NOYES STREET WARWICK , RI 02886

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

Signed this 9 Day of June, 2021 at 4:24:56 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 REYNA SYMONDS
Signature of Authorized Person

Form No. 631
Revised 09/07

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