



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2020

- 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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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL - 8 A 11:20

1. Entity ID Number 001701266		2. Exact name of the Corporation Status Purple	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Mission of Status Purple is to create a grassroots initiative - bipartisan group focused on defending the Natural Rights of Narragansett Tribal Members the Only Federally Recognized Tribe in RI	
4. NAICS Code G76711			
6. Principal Office Address 6 Homestead Road		City Wood River Jct	State RI
		Zip 02894	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bella Noka		Vice-President Name Chashity Machado	
Street Address 6 Homestead Rd		Street Address B40 Broad Rock Rd	
City Wood River Jct	State RI	City Peace Dale	State RI
Zip 02894		Zip 02879	
Secretary Name Anthony Beltran RI		Treasurer Name Anthony	
Street Address N. S Joseph Road		Street Address 	
City Westerly	State RI	City 	State
Zip 02891		Zip 	
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 Bella Noka		Director Name Chashity Machado	
Street Address 'Same'		Street Address 'Same'	
City 	State 	City 	State
Zip 		Zip 	
Director Name Anthony Beltran		Director Name 	
Street Address N. S Joseph Road		Street Address 	
City Westerly	State RI	City 	State
Zip 02879		Zip 	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Bella Noka			Date 7-8-21
Signature of Officer/Authorized Representative Bella Noka			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 08 2021

BY **CD** **62674**
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