RI SOS Filing Number: 202106824670 Date: 12/6/2021 2:39:00 PM

State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2021

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.

1. Entity ID Number	2. Exact name of the Corporation
001715473	Friends of the Pokanoket Tribe, Inc.
3. State of Incorporation: Rhode Island	5 Brief description of the character of business conducted in Rhode Island: provision of assistance to the Tribe for the acquisition of land, execution of contracts, and the application for funding from government, public and private sources .
4 NAICS Code: 999 999	

6. Principal Office Address	City	State	Zip
Registered Agent c/o Robert D. Watt Jr., 84 Ship Street	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
David S. Weed	23 Bridge Street	Warren	Rhode Island	02885

Vice-President Name	Street Address	City	State	Zip
Rock Singewald	c/o Robert D. Watt Jr. Registered Agemt	Providence	Rhode Island	02903

Secretary Name	Street Address	City	State	Zip
Jeremy M. Campbell	985 Great Road	Lincoln	Rhode Island	02865

Treasurer Name	Street Address	City	State	Zip
Merritt K. Myer	64 High Street	Bristol	Rhode Island	02809

8 List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Deborah Afdasta	90 Vermont Avenue	Warwick	Rhode Island	02888

Director Name	Street Address	City	State	Zip
Elsie Morrison	5 Ophelia Street	Providence	Rhode Island	02909

Director Name	Street Address	City	State	Zip
Antonette Wallace	36 Tiffany Street	Providence	Rhode Island	02909

Director Name	Street Address	City	State	Zip
Tracy A. Guy-Brown	41 Fales Avenue	Barrington	RI	02806

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.

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

Name of Officer/Authorized Representative	Date
David S. Weed, President	12/6/21

Signature of Officer/Authorized Representative: David S Weed

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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos ri.gov