



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE
BUS. SVCS. DIV.

2023 APR 17 P 12:28

1. Entity ID Number <u>001701266</u>		2. Exact name of the Corporation <u>Status Purple</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>The mission of Status Purple is a grassroots group focused on defending the rights of the Narragansett Tribal Nation of the only federally recognized tribe.</u>	
4. NAICS Code <u>812990</u>			
6. Principal Office Address <u>16 Homestead Road</u>		City <u>Wood River Jct</u>	State <u>RI</u> Zip <u>02894</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Bella Noka</u>		Vice-President Name <u>Chastity Machado</u>	
Street Address <u>16 Homestead Road</u>		Street Address <u>1340 Broad Rock Rd.</u>	
City <u>Wood River</u>	State <u>RI</u> Zip <u>02894</u>	City <u>Peacedale</u>	State <u>RI</u> Zip <u>02879</u>
Secretary Name <u>Anthony Beltran</u>		Treasurer Name	
Street Address <u>N 9 Joseph St.</u>		Street Address	
City <u>Westerly</u>	State <u>RI</u> Zip <u>02891</u>	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Bella Noka</u>		Director Name <u>Chastity Machad</u>	
Street Address <u>16 Homestead Rd</u>		Street Address <u>1340 Broad Rock Rd</u>	
City <u>Wood River Jct</u>	State <u>RI</u> Zip <u>02894</u>	City <u>Peacedale</u>	State <u>RI</u> Zip <u>02879</u>
Director Name <u>Anthony Beltran</u>		Director Name	
Street Address <u>North 9 Joseph Street</u>		Street Address	
City <u>Westerly</u>	State <u>RI</u> Zip <u>02891</u>	City	State 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.			
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 <u>4-17-23</u>
Signature of Officer/Authorized Representative <u>Bella Noka</u>			

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

APR 17 2023

BY ALBAVIK

FORM 631 - Revised: 2/2023