



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

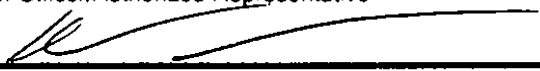
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 12 2024

BY

1. Entity ID Number 321642		2. Exact name of the Corporation Aquidneck Island Intertribal Indian Council			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Native American Council for mixed Indian Cultural/Heritage Educational and Spiritual/Religious purposes. Native American Healing. Native American education			
4. NAICS Code 813011					
6. Principal Office Address 222 Middle Rd.		City Portsmouth		State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald Sly (aka 3 Horses Sly Fox)		Vice-President Name Alan Souza (aka Shadow Fox)			
Street Address 222 Middle Rd		Street Address 550 Buffington St			
City Portsmouth	State RI	Zip 02871	City Somerset	State MA	Zip 02726
Secretary Name Barbara Sly (aka Dreams of Wolves)		Treasurer Name NA			
Street Address 222 Middle RD		Street Address			
City Portsmouth	State RI	Zip 02871	City	State	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 Donald Sly (aka 3 Horses Sly Fox)		Director Name Lisa Bargantine Kelliher (aka Mourning Dc			
Street Address 222 Middle Rd		Street Address 2000 Bay St Apt 53D			
City Portsmouth	State RI	Zip 02871	City Fall River	State MA	Zip 02724
Director Name Alan Souza		Director Name John Moniz (aka Rock Thrower)			
Street Address 550 Buffington St		Street Address 2121 West Main Rd #501			
City Somerset	State MA	Zip 02726	City Portsmouth	State RI	Zip 02871
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 Donald Sly (aka 3 Horses Sly Fox)					Date 3/8/24
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023