



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2024**

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
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1. Entity ID Number <b>001341056</b>		2. Exact name of the Corporation <b>Pokanoket Nation Business, Inc</b>				
3. Principal Office Address <b>43 Fales Ave.</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	
4. NAICS Code <b>444120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail Sales</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Po Wauipi Neimpaug</b>			Vice-President Name			
Street Address <b>PO Box 172</b>			Street Address			
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		<b>10.0</b>	<b>Stock</b>	<b>\$0.0100</b>		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>						
Name of Authorized Representative <b>Po Wauipi Neimpaug</b>				Date <b>4/11/24</b>		
Signature of Authorized Representative <i>Po Wauipi Neimpaug</i>				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

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