



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

RECD 27035 350
MAR 25 2025 10:03:12

1. Entity ID Number 001341056		2. Exact name of the Corporation Pokanoket Nation Business, Inc			
3. Principal Office Address 43 Fales Ave.			City Barrington		State RI
			Zip 02806		
4. NAICS Code 444120		6. Brief description of the character of business conducted in Rhode Island Retail Sales			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Po Wauipi Neimpaug			Vice-President Name		
Street Address P.O. Box 172			Street Address		
City Barrington	State RI	Zip 02806	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		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 10.0	CLASS/SERIES Stock	PAR VALUE \$0.0100
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.					
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.					
Name of Authorized Representative Po Wauipi Neimpaug					Date 3/26/25
Signature of Authorized Representative <i>Po Wauipi Neimpaug</i>					FILED MAR 26 2025 BY 216 AA

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