

State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: 2025

- 1. Corporate ID No. 001715473
- 2. Name of Corporation Friends of the Pokanoket Tribe, Inc.
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

<u>813319</u>

4. Principal Office Address

No. and Street: 23 BRIDGE STREET

City or Town: WARREN State: RI Zip: 02885 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SUCH PURPOSES AS ARE PERMITTED FOR CORPORATIONS UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT INCLUDING, BUT NOT LIMITED TO, THE PROVISION OF ASSISTANCE TO THE TRIBE FOR THE ACQUISITION OF LAND, THE EXECUTION OF CONTRACTS, AND THE APPLICATION FOR FUNDING FROM GOVERNMENT, PUBLIC AND PRIVATE SOURCES. THE NONPROFIT SHALL DRAW UP ARTICLES OF DISSOLUTION IN COMPLIANCE WITH TITLE 7 OF RHODE ISLAND GENERAL LAWS, AS AMENDED.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID S WEED	23 BRIDGE STREET WARREN, RI 02885 USA
TREASURER	MERRITT K. MEYER	64 HIGH STREET BRISTOL, RI 02809 USA
SECRETARY	JEREMY M. CAMPBELL	985 GREAT ROAD LINCOLN, RI 02865 USA
VICE PRESIDENT	ROCK SINGEWALD	10 TAYLOR STREET WARREN, RI 02885 USA
DIRECTOR	ANTONETTE WALLACE	36 TIFFANY STREET PROVIDENCE, RI 02909 USA
DIRECTOR	TRACEY A. GUY-BROWN	41 FALES AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	ELSIE MORRISON	5 OPHELIA STREET PROVIDENCE, RI 02909 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT D. WATT, JR., ESQ. 84 SHIP STREET PROVIDENCE, RI 02903

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

Signed this 10 Day of April, 2025 at 2:22:23 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DAVID S WEED

Signature of Authorized Person

Form No. 631 Revised 09/07

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