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State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2022
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.

1. Entity ID Number	2. Exact name of the Corporation
000100981	Seaconke Wampanoag Tribe - Wampanoag Nation
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide support and cultural events for Tribal members.
4. NAICS Code: 921150	

6. Principal Office Address	City	State	Zip
807 Broad Street	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Darrell Waldron			Vice-President Name: John Harris		
Street Address: 807 Broad Street			Street Address: 807 Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Secretary Name: Monique Poirier			Treasurer Name: Robert Harris		
Street Address: 807 Broad Street			Street Address: 807 Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Darrell Waldron			Director Name: Robert Harris		
Street Address: 807 Broad Street			Street Address: 807 Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Director Name: John Harris			Director Name: Monique Poirier		
Street Address: 807 Broad Street			Street Address: 807 Broad Street		
City: Providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907

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, Authorized Representative, Receiver or Trustee

FILED

Name of Officer/Authorized Representative	Date
Darrell Waldron	**07/01/2025**

Signature of Officer/Authorized Representative

JUL 11 2025

BY 99E7J

92R PJ

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