



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 JUL 24 AM 9:28

1. Entity ID No. 28780		2. Exact name of the Corporation Chinese Christian Church Of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 333 Roosevelt Ave.,			City Pawtucket	State RI	Zip 02863
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Chiu Yip			Vice-President Name James Sung		
Street Address 71 Wingate Rd.,			Street Address 2 Carriage Dr.,		
City Providence	State RI	Zip 02906	City Lincoln	State RI	Zip 02865
Secretary Name Tze Ping Ng			Treasurer Name Eric Leung		
Street Address 76 Middle Rd.,			Street Address 3 Lori Ellen Dr.,		
City East Greenwich	State RI	Zip 02818	City Lincoln	State RI	Zip 02865
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Chiu Yip			Director Name Tze Ping Ng		
Street Address 71 Wingate Rd.,			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name James Sung			Director Name		
Street Address 2 Carriage Dr.,			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUL 24 2013

BY ON 202295

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer