



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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.

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 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tze Ping Ng			Vice-President Name Louis Yip		
Street Address 76 Middle Rd.,			Street Address 71 Wingate Rd		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02860
Secretary Name James Sung			Treasurer Name Eric Leung		
Street Address 2 Carriage Dr			Street Address 3 Lori Ellen Dr.		
City Lincoln	State RI	Zip 02865	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 Louis 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 Eric Leung		
Street Address 2 Carriage Dr.			Street Address 3 Lori Ellen Dr		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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, duly Authorized Representative, Receiver or Trustee

FILED

JUN 05 2014

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.

File Date _____

Check No _____

By: _____

BY CA 225733

Signature of Officer or Authorized Representative

Date

6/5/14

FOR SECRETARY OF STATE USE ONLY

Louis Yip

Print or Type Name of Officer or Authorized Representative