

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.		2. Exact name of the Corporation					
113031	Chinese	Chinese Christian Cemetery Of Rhode Island ,Inc.					
3. State of Incorporation	4. Brief des	cription of the character of	business conducted in Rhode Isla	and			
'		To purchase and sell real estate for burial purpose only. To establish, lay					
Rhode Island		rove.equip,conduct	and maintain cemeterie'smausoleums,vaults.and				
5. Principal office address 333 Roosevelt Ave .,			City Pawtucket	State RI	Zip 02860		
6. LIST ALL OFFICERS (N	AMES AND ADDI	RESSES) ("X" BOX FOR	ATTACHMENT)				
President Name			Vice-President Name				
Tze Ping Ng			Louis Yip				
Street Address			Street Address				
76 Middle Rd.,			71 Wingate Rd				
City	State	Zip	City	State	Zip		
East Greenwich	RI	02818	Providence	RI	02860		
ecretary Name			Treasurer Name				
James Sung			Eric Leung				
Street Address			Street Address				
2 Carriage Dr			3 Lori Ellen Dr.				
City	State	Zip	City				
incoln	RI	02865	Lincoln	RI	028626	C?	
("X" BOX FOR ATTACHI Director Name		DRESSES). RHODE ISLA	ND CORPORATIONS MUST LIS Director Name	ST NO LESS THAN	THREE (3) DI	RECTORS	
Louis Yip			Tze Ping Ng				
Street Address			Street Address				
1 Wingate Rd.,			76 Middle Rd		PH		
City	State	Zip	City	State	Zip	<u> </u>	
Providence	RI	02906	East Greenwich	RI	02818	0	
Director Name			Director Name				
James Sung			Eric Leung				
Street Address			Street Address				
Carriage Dr.			3 Lori Ellen Dr				
City	State	Zip	City	State	Zip		
incoln	RI	02865	Lincoln	RI	02865		
REGISTERED AGENT IN	RHODE ISLAND						
his information is current	ly of record in th	e Office of the Secretary	of State. Changes require filing	Form 641.			
nis report must be signed b Trustee	y either the Presid	ent, Vice-President, Secre	tary, Assistant Secretary, Treasure	er, duly Authorized i	Representative,	Receiver	
			- / -				
		rileu	Under penalty of perjury,				
File Date			this report, including any				
By: FOR SECRETARY OF STATE USE ONLY		JUN 0 5 2014	and that all statements contained herein are true and correct.			15/	
Ву:		1 11-733	Signature of Officer as a state	vorized Denses	iuo /	Tota	
	BY_	Mado 10)	Signature of Officer or Auth	iorizea Hepresentat	ive l	Date	
FUH SECRETARY OF ST	AIE USE ONLY		L= U.S				
orm No. 631			Print or Type Name of Officer or Authorized Representative				

Revised: 04/2014