



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. <u>122391</u>		2. Exact name of the Corporation <u>Zion Korean United Methodist Church</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Church</u>			
5. Principal office address <u>35 Kilvert St.</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Cheong S. Lee</u>		Vice-President Name <u>none</u>			
Street Address <u>10 Kennedy Dr.</u>		Street Address			
City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City	State	Zip
Secretary Name <u>none</u>		Treasurer Name <u>Yun Lee</u>			
Street Address		Street Address <u>5 Rustwood Dr.</u>			
City	State	Zip	City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>
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 <u>Sun H. Yoon</u>		Director Name <u>Gene Choi</u>			
Street Address <u>25 Point Rd</u>		Street Address <u>36 Long Ave</u>			
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>Scituate</u>	State <u>MA</u>	Zip <u>02703</u>
Director Name <u>Hee-nung Kim</u>		Director Name <u>Sumel P. Oh</u>			
Street Address <u>100 Wyndham Ave</u>		Street Address <u>25 Deerfield Rd.</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
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

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

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BY CH 243503

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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.

Cheong S. Lee
Signature of Officer or Authorized Representative Date

Print or Type Name of Officer or Authorized Representative