



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 **2015**

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. 137194		2. Exact name of the Corporation Dhamagosnaram Buddhist Temple, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Faith place for People go pay and chanting dhamar for blessing to Buddhist by the monks			
5. Principal office address 2870 Plainfield Pike		City Cranston		State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mr. Son Sek		Vice-President Name Mr. Chhan So			
Street Address 50 Stanfield Street		Street Address 12 Mercy Street			
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02909
Secretary Name Mr. Sarath k Say		Treasurer Name Mr. Perun Ker			
Street Address 64 Morgan Street		Street Address 44 Andersen Road			
City Cranston	State RI	Zip 02920	City Braintree	State MA	Zip 02184
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 Mr. Sarin Rath		Director Name Mrs. Sarin Tith			
Street Address 26 Puritan Street		Street Address 105 Old Oak Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Mr. Sam M Chem		Director Name Mr. Ratanak Ros			
Street Address 106 Sumner Street		Street Address 74 Chestnut Hill Avenue			
City Central Fall	State RI	Zip 02863	City Cranston	State RI	Zip 02920
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

File Date

APR 29 2015

Check No

By:

BY **CA 247863**

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 or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

Ven. Chea Chhorm Hon. President (chief Monk)

Print or Type Name of Officer or Authorized Representative