

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

2. Exact name of the Corporation

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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.

792984 RI Associati	in of chinese American professor.
State of Incorporation 4. Brief description of the character of	of business conducted in Rhode Island
- RI Enhancement of	teaching, scholarship and Service
5. Principal office address 48 Co-Wayle Dr.	City Linculn State RI Zip C2865
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR President Name	
Street Address Street Address	Vice-President Name
48 Couringe Dr.	Street Address 45 upper college Rd
City Lincoln State RI Zip 02865	5 City Kingston State RI C2881
Shuhung Li	Treasurer Name Liu Wang
Street Address 1150 Dong las Tumpike	Street Address
Smith field State (I I 02917	City Providence State RI Zip CZ918
	NOVIDENCE RI CZ918 AND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS
Director Name	Director Name
Street Address	Yong Song Huang
So Waterman Street	Street Address 80 Waterman Street
City Providence State RI Zip 02912	City Providente State Zip 02912
Director Name Yinsheng WAN	Director Name
Street Address 48 Convince 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
or Trustee FILED	tary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No JUN 0 8 2015	and that all statements contained herein are true and correct.
By:	Signatural 041
FOR SECRETARY OF STATE USE ONLY	Signature of Officer or Authorized Representative Date
Form No. 631 Revised: 04/2014	Print or Type Name of Officer or Authorized Representative