RI SOS Filing Number: 201698872030 Date: 05/12/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY 12 PM 4:18

Non-Profit Corporation Annual Report for the year: 2016
Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
137194	Dhamagosnasam Buddhist Temple Inc.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Faith Place to People go Pay and Chanting Dhamar Blessing

5. Principal Office Address	City	State	Zip
2870 Plainfield Pike	Cranston	RI	02921

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Mr. Son Sek		Vice-President Name	Mr. Chhan So	
Street Address	50 Stanfield St.		Street Address	12 Mercy St	
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 St.		Street Address	44 Anderson Rd	
City	Cranston	State RI Zip 02920	City	Braintree	State MA Zip 02184

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Mr. Sarin Rath		Director Name	Mrs. Sarin Tith	
Street Address	26 Purita St.		Street Address	105 old oak Ave	
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 St.		Street Address	74 Chestnut Hill Ave	
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 Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
CHHORM CHEA	5/12/16

Signature of Officer/Authorized Representative
CHHORM CHEA SIGN DOCUMENT HERE

FILED
STAMP
MAY 12 2016
BY 274203

Form No. 631
Revised: 2016
136892-1-1118008