



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016 2016 MAY 12 PM 4:18

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 137194		2. Exact name of the Corporation Dhamagosnasam Buddhist Temple Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Faith Place to people go pay and chanting dhama Blessing	
5. Principal Office Address 2870 Plainfield Pike		City Cranston	State RI
		Zip 02921	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mr. Son Sek		Vice-President Name Mr. Chhan So	
Street Address 50 Stanfield St.		Street Address 12 Merylg St	
City Warwick	State RI	City Providence	State RI
Zip 02889		Zip 02909	
Secretary Name Mr. Sarath K. Say		Treasurer Name Mr. Perun Kes	
Street Address 64 Morgan St.		Street Address 44 Anderson Rd	
City Cranston	State RI	City Braintree	State MA
Zip 02920		Zip 02184	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
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	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Mr. Sam M. Chem		Director Name Mr. Ratanak Ros	
Street Address 106 Summer St.		Street Address 74 Chestnut Hill Ave	
City Central Fall	State RI	City Cranston	State RI
Zip 02863		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative CHHORM CHEA		Date 5/12/16	
Signature of Officer/Authorized Representative CHHORM CHEA		SIGN DOCUMENT HERE	

FILED

MAY 12 2016
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BY