



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 001316208

2. Name of Corporation Association of Chinese Hand Surgeons United

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: SUITE 501, PLASTIC SURGERY
235 PLAIN STREET

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: BARRINGTON State: RI Zip: 02806 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THIS ORGANIZATION IS FORMED FOR THE PURPOSE OF PROMOTING THE SCIENCE AND PRACTICE OF HAND SURGERY, AND PROMOTING AND DEVELOPING A COOPERATIVE PROFESSIONAL RELATIONSHIP AMONG HAND SURGEONS IN CHINA AND THOSE SPEAKING CHINESE OR WITH CHINESE HERITAGE, OR SERVING CHINESE POPULATION OVER THE WORLD. ITS MAIN OBJECTIVES ARE: 1. TO PROMOTE QUALITY OF PATIENT CARE OF SURGERY OF THE HAND AND UPPER EXTREMITY IN CHINA AND AMONG CHINESE-SPEAKING HAND SURGEONS, HAND SURGEONS OF CHINESE HERITAGE OR SERVING CHINESE POPULATION IN THE WORLD, 2. TO ADVANCE SCIENCE AND TECHNOLOGY OF HAND SURGERY THROUGH COOPERATIVE EFFECTS OF HAND SURGEONS IN CHINA AND OF CHINESE HERITAGE OVER THE WORLD, 3. TO PROMOTE THE FREE EXCHANGE OF KNOWLEDGE, 4. TO PROVIDE OPPORTUNITIES FOR EDUCATION AND PROFESSIONAL DEVELOPMENT, 5. TO ENHANCE THE OPPORTUNITY OF HAND SURGERY TRAINING AND RESEARCH THROUGH FRIENDLY EXCHANGE PROGRAMS, 6. TO DISSEMINATE KNOWLEDGE THROUGH PUBLICATIONS, 7. TO ENHANCE TEACHING BY ORGANIZING SCIENTIFIC

MEETINGS AND REGIONAL INSTRUCTIONAL COURSES, 8. TO ADVANCE COLLABORATION AND COLLEGIALLY OF HAND AND UPPER EXTREMITY SURGEONS IN CHINA AND GLOBALLY THROUGH DIVERSE OUTREACH PROGRAMS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | JIN BO TANG | 9 SIMMONS ROAD BARRINGTON, RI 02806 USA |
| SECRETARY | REN GUO XIE | 20 WEST TEMPLE RAOD NANTONG, JIANGSU, 226001 CHN |
| VICE PRESIDENT | ZENG TAO WANG | NO 324 JINGWU ROAD JINAN, SHANDONG, 250021 CHN |
| DIRECTOR | ZENG TAO WANG | NO. 324, JINGWU ROAD JINAN, SHANDONG, SD 250021 CN |
| DIRECTOR | REN GUO XIE | 20 WEST TEMPLE ROAD NANTONG, JIANGSU, JS 226001 CN |
| DIRECTOR | JIN BO TANG | 9 SIMMONS ROAD BARRINGTON, RI 02806 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JIN BO TANG SUITE 501, PLASTIC SURGERY 235 PLAIN STREET PROVIDENCE , RI 02905

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

Signed this 15 Day of May, 2016 at 8:34:09 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JIN BO TANG
Signature of Authorized Person

Form No. 631
Revised 09/07