

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. 000795288

2. Name of Corporation Savannakhet connection Society of New England, Inc. (SCSNE)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O KHAMPHEUY SURIYA

119 ALLSTON STREET

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO PROVIDE AND HELP EACH OTHER IN THE COMMUNITY AS WELL AS SAVANNAKHET LAO-AMERICAN IN THE USA AND RHODE ISLAND

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | Address |
|-----------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | KHAMPHEUY SURIYA | 119 ALLSTON STREET PROVIDENCE, RI 02908 USA |
| DIRECTOR | KHAMPHEUY SURIYA | 119 ALLSTON STREET |

| PROVIDENCE, RI 029 |
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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

KHAMPHEUY SURIYA 119 ALLSTON STREET, #1 PROVIDENCE, RI 02908

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

Signed this 8 Day of July, 2016 at 2:11:22 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 <u>KHAMPHEUY SURIYA</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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