



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

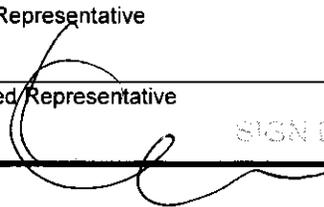
RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 JUL 11 AM 10:45

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 29206		2. Exact name of the Corporation Rhode Island Association of Chinese American			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Educational and culture organization			
5. Principal Office Address 48 Blackstone Ave		City Pawtucket	State RI	Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tze Ping Ng			Vice-President Name Louis Yip		
Street Address 76 Middle Rd			Street Address 71 Wingate Rd		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02906
Secretary Name Victoria Huang			Treasurer Name Nancy Chen		
Street Address 555 Roosevelt Ave			Street Address 48 Blackstone Ave		
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02860
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 Louis Yip			Director Name Tze Ping Ng		
Street Address 71 Wingate Rd			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name Victoria Huang			Director Name Tong Chan		
Street Address 555 Roosevelt Ave			Street Address 35 South Eagle Nest Dr		
City Central Falls	State RI	Zip 02863	City Lincoln	State RI	Zip 02865
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Louis Yip				Date 7/11/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUL 11 2016

BY CU 278678

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov