



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

Annual Report for the year:

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.

R.I. DEPARTMENT OF STATE
DIVISION

2017 JUN -5 PM 2:49

1. Entity ID Number 137194		2. Exact name of the Corporation Dhamagosnaram Buddhist Temple Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Faith place for people to go to pray and chanting Dhamma Blessing	
4. NAICS Code 813110			
6. Principal Office Address 2870 Plainfield Pike		City Cranston	State RI
		Zip 02921	
7. 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 Mercy St	
City Warwick	State RI	City Providence	State RI
Zip 02889		Zip 02909	
Secretary Name Mr. Sarath K. Say		Treasurer Name Mr. Porun Key	
Street Address 64 Morgan St		Street Address 44 Anderson Rd	
City Cranston	State RI	City Brantham	State MA
Zip 02920		Zip 03189	
8. 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 Piseth Sek	
Street Address 26 Purita St		Street Address 2870 Plainfield Pike	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02921	
Director Name Mr. Sam H. Chem		Director Name Mr Ratanak Ros	
Street Address 105 Summer St.		Street Address 74 Chestnut Hill Ave	
City Central Fall	State RI	City Cranston	State RI
Zip 02867		Zip 02920	
9. 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 CHEA CHHORM			Date 6/5/2017
Signature of Officer/Authorized Representative CHHORM CHEA			

FILED

JUN 05 2017

BY Le 305876