RI SOS Filing Number: 201745533730 Date: 6/14/2017 4:00:00 PM



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.

至
म निध
- S (00)
1 22
er m

y charty. Notational \$20.00 fee it	offinis not filed by stary so.			THE PERSON NAMED IN COLUMN TO PERSON NAMED I	
1. Entity ID Number	2. Exact name of the Corporation			9	
151128	The WAY OF LIFE	KOREAN PRESBY	TERIAN CI	HURCH	
3. State of Incorporation		r of business conducted in Rhode Is			
RI		A			
4. NAICS Code	RELIGIOUS SERVICE				
8/3/10					
6. Principal Office Address New /	251 Magnoliast	City CRanston	State	Zip 02910	
<u> </u>			 	, ,	
7. List ALL officers (names and add	resses)	Check th	e box to indicate a	n attachment	
President Name Young Jot	WOO	Vice-President Name DONG	L Lee		
Street Address 159 Water whe	el LN.	Street Address hymming bi	rd LN.		
North Kingstown	State RI 21p 02852	City CRanston	State I	Zip 02921	
Secretary Name Jac H	Y 60N	Treasurer Name Jae H	Your	1	
Street Address CRESTWOOD	DR	Street Address / CRESTWOOD	DR DR		
CityRichmond	State Z Zip 02832		State R 1	Zip 2832	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name DONG IL Lee		Director Name Young 100 Wob			
Street Address humming	bird W.	Street Address Water	17 1	N,	
city CRanston 1	State RI Zip 02921	W. Kingstown	State R 1	zip 02852	
Director Name Jac H	YOON	Director Name	· · · · · · · · · · · · · · · · · · ·		
Street Address LCRES+wood	'DR	Street Address			
cityRichmond	State I Zip 02-832	City	State	Zip	
Registered Agent in Rhode Island	. This information is currently of record i	n the Department of State. Changes req	uire 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Represe	ntative)	Date		
Jae YOON			6.12	.11	
Signature of Officer/Authorized Representative FILED					
AIL TO: Vision of Business Services JUN 14 2017					

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017