



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>106471</b>		2. Exact name of the Corporation <b>The Buddhist Center of New England, Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Charitable, Religious, Educational</b>			
5. Principal office address <b>252 Public Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Thea Sao</b>		Vice-President Name <b>Meng Taing (Acting)</b>			
Street Address <b>3 Samuel Court</b>		Street Address <b>40 Hillwood Street</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Venerable Sochettra Yieng</b>		Treasurer Name <b>Hoeun Sok</b>			
Street Address <b>252 Public Street</b>		Street Address <b>181 Wadworth Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Venerable Sochettra Yieng</b>		Director Name <b>Vichet Yan</b>			
Street Address <b>252 Public Street</b>		Street Address <b>252 Public Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Chhorn Mean</b>		Director Name <b>Pouk Mony</b>			
Street Address <b>146 Third Street</b>		Street Address <b>252 Public Street</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
8. REGISTERED AGENT IN RHODE ISLAND					
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.</b>					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**  
 JUN 28 2017  
 307054

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.

*Thea Sao* *6/28/2017*  
 Signature of Officer or Authorized Representative Date

*Thea Sao* *President*  
 Print or Type Name of Officer or Authorized Representative