

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.

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation				
106471	The Bud	The Buddhist Center of New England, Inc				
3. State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Charital	Charitable, Religious, Educational				
5. Principal office address 252 Public Street	<u> </u>		City Providence	State RI	Zip 02905	
6. LIST ALL OFFICERS	(NAMES AND ADD	RESSES) ("X" BOX F	OR ATTACHMENT)			
President Name			Vice-President Name			
Thea Sao			Meng Taing (Acting)			
Street Address			Street Address			
3 Samuel Court			40 Hillwood Street			
City	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Secretary Name		 	Treasurer Name			
enerable Sochettr	a Yieng		Hoeun Sok			
Street Address			Street Address			
252 Public Street			181 Wadworth Street			
City	State	Zip	City	State	Zip	
Providence	RI	02905	Providence	RI	02907	
LIST ALL DIRECTORS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	RESSES). RHODE IS	LAND CORPORATIONS MUST	IST NO LESS THAN	THREE (3) DIREC	
(A BOX FOR ATTAC			Director Name	Director Name		
			Vichet Yan			
Director Name	a Yieng		Vichet Yan			
Director Name /enerable Sochettra	a Yieng		Vichet Yan Street Address			
irector Name /enerable Sochettra treet Address	a Yieng					
virector Name /enerable Sochettra treet Address 52 Public Street ity	State	Zip	Street Address	State	Zip	
Providence		Zip 02905	Street Address 252 Public Street	State RI	Zip 02905	
Providence Providence	State	1 '	Street Address 252 Public Street City			
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File Date	FILED	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.		
Check No	IUN 28 2017	X 100 0	Chohon	
Ву:	JUN 20 2011	a ruli Och	6/22/2011	
FOR SECRETARY OF STATE USE ONL	M 30 100 1	Signature of Officer or Authorized Representative	dou +	
Form No. 631 Revised: 04/2014	\mathcal{A}	Print or Type Name of Officer or Authorized Represe	ntative	