



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000123883

**2. Name of Corporation** Watlao Xoke Xayyaram Buddhist Temple

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

**4. Corporate Address in Rhode Island**

No. and Street: 458 RIVER ST  
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TOM THIPPHAVONG	45 RUBY STREET WOONSOCKET, RI 02895 USA
TREASURER	VANE CHOMPHRANOUVONG	339 EAST SCHOOL STREET WOONSOCKET, RI 02895 USA
SECRETARY	PIN MANIVONG	72 REGENT AVE PROVIDENCE, RI 02908 USA
VICE PRESIDENT	SYVONE VORABOUT	81 FARM STREET PROVIDENCE, RI 02908 USA
DIRECTOR	SYNUANE SYSAVATH	287 AMHURST ST PROVIDENCE, RI 02909 USA
DIRECTOR	THONGXAY BOUNSAVATH	576 GROVE STREET WOONSOCKET, RI 02895 USA
DIRECTOR	VICHITH PHOMMARATH	11 FAIR ST PROVIDENCE, RI 02908 USA
DIRECTOR	MYPHET PHOMMARATH	287 AMHERST ST PROVIDENCE, RI 02909 USA
DIRECTOR	KHAM INTHISONE	397 GROVE STREET WOONSOCKET , RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

TOM THIPPHAVONG 458 RIVER ST WOONSOCKET , RI 02895

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

**Signed this 20 Day of July, 2017 at 3:56:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By VANE CHOMPHRANOUVONG  
Signature of Authorized Person

Form No. 631  
Revised 09/07