



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

Annual Report for the year: 2017
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.

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1. Entity ID Number 28115		2. Exact name of the Corporation Cambodian Society of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To assist the Cambodian Community with regards to cultural preservation, education, and social concerns			
4. NAICS Code 541720					
6. Principal Office Address 177 Hanover Street (For mailing P.O. Box 73240)			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chanda Womack			Vice-President Name Khamera S. Heng		
Street Address 11 Rosebank Avenue			Street Address 96 Grace Street		
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02910
Secretary Name Vacant			Treasurer Name Sambo Mam		
Street Address			Street Address 177 Bellevue Ave		
City	State	Zip	City Providence	State RI	Zip 02907
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 Angela Sim			Director Name Sarath Say		
Street Address 196 Richard Street			Street Address 64 Morgan Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
Director Name Samnang K. Becker			Director Name Sophai Moeuy		
Street Address 103 Alger Ave			Street Address 61 Kenyon Road		
City Providence	State RI	Zip 02907	City Cranston	State RI	Zip 02910
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Chanda Womack, President				Date 10/30/2017	
Signature of Officer/Authorized Representative C. Womack				FILED 10/30/17	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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