



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

Annual Report for the year:

2016

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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SECRETARY OF STATE
CORPORATIONS DIVISION
2018 MAR -7 PM 5

1. Entity ID Number 1451903		2. Exact name of the Corporation Korean American Business Commerce Assoc RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide a business vehicle for which the interest of the Korean Community is best served.	
4. NAICS Code 813910			
6. Principal Office Address PO Box 515		City W. Kingston	State RI
		Zip 02892	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Angela K. Sharkey		Vice-President Name	
Street Address PO Box 515		Street Address	
City W. Kingston	State RI	City	State
Zip 02892		City	State
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
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 K. Sharkey		Director Name Dong Soo Lee	
Street Address PO Box 515		Street Address 592 Charles St	
City W. Kingston	State RI	City Providence	State RI
Zip 02892		City	State
Director Name Yea-Mo Yang		Director Name	
Street Address 58 Wabum Ave		Street Address	
City Providence	State RI	City	State
Zip 02908		City	State
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.			
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 Representative Angela K. Sharkey		Date 3/7/18	
Signature of Officer/Authorized Representative Angela K. Sharkey		FILED MAR 07 2018 BY 326124 4:37	