



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

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

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. 000122391		2. Exact name of the Corporation Zion Korean United Methodist Church			
3. State of Incorporation RI 813110		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address 35 Kibernet St.		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Chuong S. Lee			Vice-President Name Gene J. Choi		
Street Address 70 Kennedy Dr.			Street Address 457 Tiffany St.		
City Attleboro	State Ma	Zip 02703	City Attleboro	State Ma	Zip 02865
Secretary Name Chang Min Lee			Treasurer Name Hee Hong Kim		
Street Address 180 Legend Rock Dr.			Street Address PROV.		
City Wakefield	State RI	Zip 02879	City PROV.	State RI	Zip 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sun H. Yoon			Director Name Richard Kim		
Street Address 25 Point Road			Street Address 232 Westminster St		
City W. Kingstown	State RI	Zip 02852	City PROV	State RI	Zip 02903
Director Name Gene J. Choi			Director Name		
Street Address 457 Tiffany St.			Street Address		
City Attleboro	State Ma	Zip 02865	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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: _____
 FOR SECRETARY OF STATE USE ONLY

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.

FILED

Signature of Officer or Authorized Representative: Chuong S. Lee Date: 6/10/2018

JUN 18 2018

Print or Type Name of Officer or Authorized Representative: Chuong S. Lee

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