



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

Annual Report for the year:  
Non-Profit Corporation

2018

- 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 DIV

2018 JUL 30 PM 12:04

1. Entity ID Number 36909		2. Exact name of the Corporation BONG KUKATONOR ASSOCIATION OF RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON POLITICAL SOCIAL ORGANIZATION			
4. NAICS Code 813319					
6. Principal Office Address 67 PROVIDENCE STREET		City PROVIDENCE		State RI	Zip 02907
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JIMMY G. BROOKS, SR.		Vice-President Name WILLS K. DUNBAR			
Street Address 67 PROVIDENCE		Street Address 171 GALLATIN			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name DAVID S. BALLAH		Treasurer Name MACK MAKOR			
Street Address 95 CARPENTER ST.		Street Address 9 REEVES PLACE			
City PAWTUCKET	State RI	Zip 02860	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name RICHARD KARMUE		Director Name MALCOLM HALL			
Street Address 2 HOLLIS ST.		Street Address 116 PROVIDENCE ST.			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Director Name FRANKLIN GBAS		Director Name			
Street Address 95 CARPENTER ST.		Street Address			
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 JIMMY G. BROOKS, SR.					Date 7-30-2018
Signature of Officer/Authorized Representative <i>[Signature]</i>					FILED JUL 30 2018

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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