



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

Annual Report for the year:
Non-Profit Corporation

2019

- 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

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1. Entity ID Number <u>1451903</u>		2. Exact name of the Corporation <u>Korean American Business Commerce Ass. RI</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide a business vehicle for which the interest of the Korean Community is best served.</u>	
4. NAICS Code <u>813910</u>			
6. Principal Office Address <u>P.O. Box 515</u>		City <u>W. Kingston</u>	State <u>RI</u>
		Zip <u>02892</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Hein Jo. Park</u>		Vice-President Name	
Street Address <u>602 Reservoir Ave.</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
Secretary Name <u>Angela K. Sharkey</u>		Treasurer Name	
Street Address <u>P.O. Box 515</u>		Street Address	
City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	
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 <u>Angela K. Sharkey</u>		Director Name <u>Dong Soo. Lee</u>	
Street Address <u>P.O. Box 515</u>		Street Address <u>35 Williamsburg Lane</u>	
City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>Attleboro</u>
			State <u>MA</u>
			Zip <u>02703</u>
Director Name <u>Hein Jo. Park</u>		Director Name	
Street Address <u>602 Reservoir Ave.</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
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 <u>Angela K. Sharkey</u>			Date
Signature of Officer/Authorized Representative <u>Angela K. Sharkey</u>			

MAIL TO:
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