



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

Annual Report for the year: 2019
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 DIV
 2019 JUN 20 PM 2: 03

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, Charitable and Social Concerns.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 177 Hanover Street		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 Sophai Moeuy			Vice-President Name Sarath Say		
Street Address 61 Kenyon Rd.			Street Address 64 Morgan Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02920
Secretary Name Andy Chao			Treasurer Name Ratha Kwiat		
Street Address 174 Flint Ave.			Street Address 52A Nelson Terrace		
City Cranston	State RI	Zip 02910	City North Providence	State RI	Zip 02904
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 Melanie Ok			Director Name Sambo Mam		
Street Address 220 Waverly Street			Street Address 168 Hanover Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02907
Director Name Samnang K. Becker			Director Name Phanida B. Phivilay		
Street Address 103 Alger Avenue			Street Address 42 Roger Williams Drive		
City Providence	State RI	Zip 02907	City Johnston	State RI	Zip 02919
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 Sophai Moeuy				Date 06/20/2019	
Signature of Officer/Authorized Representative 				FILED	
JUN 20 2019 BY					

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