



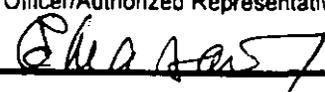
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2019
 Non-Profit Corporation

JUL 15 2019
 BY 1854 QS

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 106471		2. Exact name of the Corporation The Buddhist Center of New England, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable, Religious, and Educational			
4. NAICS Code 813110					
6. Principal Office Address 252 Public Street		City Providence	State RI	Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thea Sao		Vice-President Name Venerable Sochettra Yieng			
Street Address 3 Samuel Court		Street Address 252 Public Street			
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02905
Secretary Name Venerable Sochettra Yieng		Treasurer Name Chhorn Mean			
Street Address 252 Public Street		Street Address 146 Third Street			
City Providence	State RI	Zip 02905	City Cranston	State RI	Zip 02910
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 Venerable Sochettra Yieng		Director Name Vichet Yan			
Street Address 252 Public Street		Street Address 252 Public Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Chhorn Mean		Director Name N/A			
Street Address 146 Third Street		Street Address			
City Cranston	State RI	Zip 02910	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.					
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 Thea Sao, President				Date 07-07-19	
Signature of Officer/Authorized Representative 					

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