



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001668098

**2. Name of Corporation** ALLIANCE OF RHODE ISLAND SOUTHEAST ASIANS FOR EDUCATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

611710

**4. Corporate Address in Rhode Island**

No. and Street: 1 EMPIRE PLAZA

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PREPARE, SUPPORT AND EMPOWER RHODE ISLAND'S SOUTHEAST ASIAN STUDENTS FOR EDUCATIONAL AND CAREER SUCCESS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b>       | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------------|---|---|
| TREASURER          | ANGELICA MEY  | 76 LEXINGTON AVE<br>WEST WARWICK, RI 02893 USA                    |
| SECRETARY          | DUCHA HENG  | 86 OAK HILL AVE<br>PAWTUCKET, RI 02860 USA                        |
| BOARD MEMBER       | ROBERT LEE  | 312 MORRIS AVE<br>PROVIDENCE, RI 02906 USA                        |
| BOARD MEMBER       | ANNIE RATANASIM                                       | 160 PIDGE AVE, APT 1<br>PAWTUCKET, RI 02860 USA                   |
| BOARD MEMBER       | JOANNE DEBRAH   | 1871 BROAD STREET, APT 3<br>CRANSTON, RI 02905 USA                |
| BOARD MEMBER       | BRANDON PHIVILAY                                      | 480 SMITH STREET<br>PROVIDENCE, RI 02908 USA                      |
| EXECUTIVE DIRECTOR | CHANDA WOMACK   | 11 ROSEBANK AVE<br>PROVIDENCE, RI 02908 USA                       |
| DIRECTOR           | JOHN MURPHY   | ONE HOME LOAN PLAZA<br>WARWICK, RI 02886 USA                      |
| DIRECTOR           | TODD D. FLAHERTY                                      | 7 LEE ANN DRIVE<br>NARRAGANSETT, RI 02882 USA                     |
| DIRECTOR           | SARATH SUONG  | 37 MAWNEY STREET, #4<br>PROVIDENCE, RI 02907 USA                  |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHANDA WOMACK 1 EMPIRE STREET PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 27 Day of May, 2020 at 12:41:49 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ANGELICA MEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07