



**Department of State - Business Services Division**

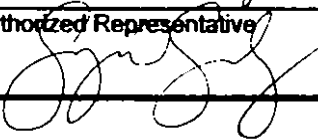
FILED

SEP 17 2020

BY 18/15 DS

Annual Report for the year: 2020  
 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.

1. Entity ID Number <u>29636</u>		2. Exact name of the Corporation <u>THE KOREAN AMERICAN ASSOCIATION OF RI</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CULTURAL ORGANIZATION</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>1140 PARK AVE</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>WON K. LAU</u>			Vice-President Name		
Street Address <u>38 MCPARTLAND WAY</u>			Street Address		
City <u>E. GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Secretary Name			Treasurer Name <u>SUZANNE SHARKEY</u>		
Street Address			Street Address <u>117 WESTWIND RP</u>		
City	State	Zip	City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02879</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>BONGSUP CHO</u>			Director Name <u>RAYMOND KIM</u>		
Street Address <u>20 CARRIAGE LANE</u>			Street Address <u>69 MIDDLE HWY</u>		
City <u>KINGSTON</u>	State <u>RI</u>	Zip <u>02881</u>	City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>
Director Name <u>SANGWOOK JI</u>			Director Name		
Street Address <u>55 GLEN HILLS DR.</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	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>					
<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 <u>SUZANNE SHARKEY</u>					Date <u>13 SEPT 2020</u>
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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