



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

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.

MAY 21 2021
 BY 1040

1. Entity ID Number 137194		2. Exact name of the Corporation Dhamagosnaram Buddhist Temple, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Place of worship for people of Buddhist faith; hosts gatherings where monks lead in prayer, chanting sermons and spread the blessings of Dhamma, hosts meditation sessions, hosts festivities on religious holidays in order to celebrate with others.			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 2870 Plainfield Pike			City Cranston	State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mr. Phirun Ker			Vice-President Name Mr. Sarin Rath		
Street Address 44 Andersen Road			Street Address 26 Puretan Avenue		
City Braintree	State MA	Zip 02184	City Cranston	State RI	Zip 02920
Secretary Name Mr. Sarath K Say			Treasurer Name Ms. Sarin Tith		
Street Address 64 Morgan Street			Street Address 105 Old Oak Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 Ven. Chantha Poth			Director Name Mr. Sam M Chim		
Street Address 2870 Plainfield Pike			Street Address 106 Sumner Avenue		
City Cranston	State RI	Zip 02921	City Central Falls	State RI	Zip 02863
Director Name Mr. Chan So			Director Name Mr. Soeun P Oum		
Street Address 142 Fairfax Road			Street Address 211 Park Avenue		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02910
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Phirun Ker				Date 05/14/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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