



State of Rhode Island

## Department of State - Business Services Division

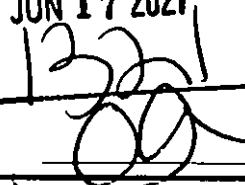
**FILED**Annual Report for the year: **2021**

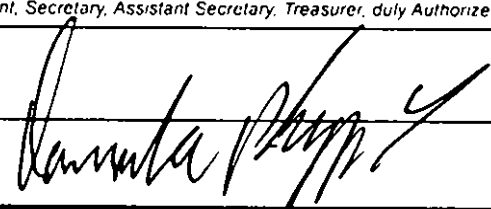
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30

JUN 17 2021  
 BY 

1. Entity ID Number <b>001723278</b>		2. Exact name of the Corporation <b>Phongsavan University</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Education Charity and Foundation to support the poor shelter locality and Urban development			
4. NAICS Code 813219 - Other Grantmaking :					
6. Principal Office Address 84 Lucille Street ( P.O. Box 2073 )		City Woonsocket		State Rhode Island	Zip 02895-2073
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Vanmala Phongsavan			Vice-President Name Houmphan J. Bounghnasiri		
Street Address 84 Lucille Street (Suite B)			Street Address 1019 Mallot Drive		
City Woonsocket	State RI	Zip 02895	City San Jose	State CA	Zip 95121
Secretary Name Debbie Y. Chase			Treasurer Name Debbie Y. Chase		
Street Address 16371 Shady View Lane			Street Address 16371 Shady View Lane		
City Los Gatos	State CA	Zip 95032	City Los Gatos	State CA	Zip 95032
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Vanmala Phongsavan			Director Name Houmphan J. Bounghnasiri		
Street Address 84 Lucille Street (Suite B)			Street Address 1019 Mallot Drive		
City Woonsocket	State RI	Zip 02895	City San Jose	State CA	Zip 95121
Director Name Debbie Y. Chase			Director Name Malaysone Phongsavan		
Street Address 16371 Shady View Lane			Street Address 3517 Archer Drive SW		
City Los Gatos	State CA	Zip 95032	City Huntsville	State AL	Zip 35805
9. The Registered Agent information of record with the RI Department of State is accurate. 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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Vanmala Phongsavan, President				Date 6/1/2021	
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](http://www.sos.ri.gov)

FORM 631 - Revised: 08/2020