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State of Rhode Island
Department of State - Business Services Division

FILED
JUL 09 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
106471	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, Educational
4. NAICS Code: 813110 - Religious Organizatio	

6. Principal Office Address	City	State	Zip
252 Public Street	Providence	RI	02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Sochettra Yieng			Vice-President Name: Suy Sim		
Street Address: 252 Public Street			Street Address: 53 Algoquin Street		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02907
Secretary Name: Vichet Yan			Treasurer Name: Hoeun Sok		
Street Address: 252 Public Street			Street Address: 181 Wadworth Street		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Vichet Yan			Director Name: Meng Taing		
Street Address: 252 Public Street			Street Address: 40 Hillwood Street		
City: Providence	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02920
Director Name: Chhorn Mean			Director Name: Bora Neou		
Street Address: 146 Third Street			Street Address: 252 Public Street		
City: Providence	State: RI	Zip: 02910	City: Providence	State: RI	Zip: 02905

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.

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

Name of Officer/Authorized Representative	Date
Sochettra Yieng	6/12/2021

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

FORM 631 - Revised: 08/2020