



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

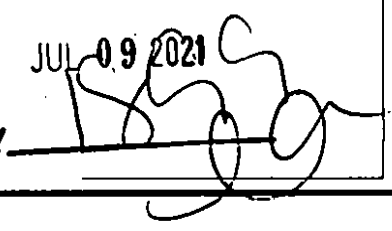
→ Filing period: June 1 - June 30

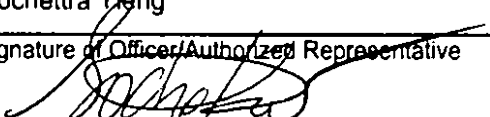
→ Filing Fee: \$20.00

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

FILED

JUL 09 2021

BY 

1. Entity ID Number 106471		2. Exact name of the Corporation 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 Organization ☐					
6. Principal Office Address 252 Public Street		City Providence		State RI	Zip 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.					
<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 Sochettra Yieng				Date 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