



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

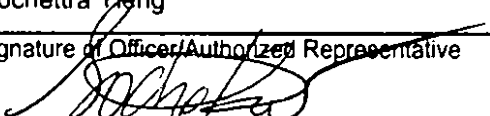
→ Filing Fee: \$20.00

→ 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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

FORM 631 - Revised: 08/2020