



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

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.

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BUS SVCS DIV

2021 JUL 23 AM 8:08

1. Entity ID Number 157128		2. Exact name of the Corporation The way of life Presbyterian church	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious service	
4. NAICS Code 813110			
6. Principal Office Address 251 Magnolia St.		City Cranston	State RI
		Zip 02910	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name DONGSUP KUM		Vice-President Name JAE YOON	
Street Address 139 Greenbrier Dr.		Street Address 1 Crestwood DR	
City Seekonk	State MA	City Richmond	State RI
Zip 02771		Zip 02832	
Secretary Name Jae YOON		Treasurer Name JESU KIM	
Street Address 1 Crestwood Dr		Street Address 207 Taber Ave	
City Richmond	State RI	City Providence	State RI
Zip 02832		Zip 02906	
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 EunJae Shim		Director Name YongJae Moon	
Street Address 21 Lupine Court.		Street Address 28 Joy Street	
City Wakefield	State RI	City Providence	State RI
Zip 02879		Zip 02908	
Director Name Jae YOON		Director Name	
Street Address 1 Crestwood Dr		Street Address	
City Richmond	State RI	City	State
Zip 02832		Zip	
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 Jae YOON		Date 7.18.21	
Signature of Officer/Authorized Representative Jae YOON		FILED	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JUL 23 2021

FORM 631 - Revised: 08/2020