



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

574047

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 001451903		2. Exact name of the Corporation Korean American Business Commerce Ass. of RI	
3. State of Incorporation RI.		5. Brief description of the character of business conducted in Rhode Island Assist & promote Korean American Small Businesses in RI	
4. NAICS Code 813910			
6. Principal Office Address 1140 Park Ave		City Cranston	State RI
		Zip 02910	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Hein Jo Park		Vice-President Name	
Street Address 602 Reservoir Ave.		Street Address	
City Cranston	State RI	Zip 02910	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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 Hein Jo Park		Director Name Dong Soo Lee	
Street Address 602 Reservoir Ave.		Street Address 35 Williamsburg Ave.	
City Cranston	State RI	Zip 02910	City Attleboro
			State MA
			Zip 02703
Director Name Angela K Sharkey		Director Name	
Street Address Po Box #515		Street Address	
City West Kingston	State RI	Zip 02892	
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 Angela K. Sharkey			Date 8/4/21
Signature of Officer/Authorized Representative <i>Angela K. Sharkey</i>			

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

FILED
AUG 04 2021
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