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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2017

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25 00 fee if form is not filed by May 31.

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1. Entity ID Number	2 Exact name of the Corporation						
000895771	Chinese Communication Association						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island, USA	CCA is a nonprofit, professional organization for facilitating and promoting						
4. NAICS Code	scholarly activities on communication studies of the greater China area.						
813920	, 						
6 Principal Office Address			City	State	Zip		
10 Lippitt Rd, Davis Hall 304		Kingston	RI	02881			
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Bu Zhong			Vice-President Name Shuhua Zhou				
Street Address CVA 804, 5 Hereford Rd, Kowloon Tong		Street Address 218 Reynolds Journalism Institute					
^{City} Hong Kong	State	Zip	^{City} Columbia	State MO	^{Zıp} 65211		
Secretary Name Lu Tang	1		Treasurer Name Xi Cui				
Street Address 102 Bolton Hall, 4324 TAMU		Street Address 9 College Way, College of Charleston					
City College Station	State TX	^{Zip} 77843	City Charleston	State SC	^{Zıp} 29424		
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Trisha T. Lin			Director Name Jack L. Qiu				
Street Address No.64, Sec.2, Zhinan Rd., Wenshan Dist.		Street Address The Shaw Foundation Bld., 5 Arts Link					
^{City} Taipei, Taiwan	State	Zıp	^{City} Singapore	State	^{Zip} 117570		
Director Name Bu Zhong		Director Name Yinjiao Ye					
Street Address CVA 804, 5 Hereford Rd, Kowloon Tong		Street Address 10 Lippitt Rd, Davis Hall 304					
^{City} Hong Kong	State	Zıp	^{City} Kingston	State RI	^{Zip} 02881		
9. The Registered Agent information	n of record with th	e RI Department o	of State is accurate. Changes require	e 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	Date		
Xi Cui (Treasurer)			4/4/2023				
Signature of Officer/Authorized Representative							
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

