## State of Rhode Island

## **Department of State - Business Services Division**

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Annual	Report	for the	year
Non-Pro	ofit Cor	noratio	n

- → Filing period: February 1 May 1

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→ Filing Fee \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		50		
1 Entity ID Number 28780	2. Exact name of the Corporation Chinese Christian Church of Rhode Island					
State of Incorporation     Rhode Island	Brief description of the character of business conducted in Rhode Island     Church					
4. NAICS Code 813110-Religious Organ	]					
6. Principal Office Address 333 Roosevelt Ave			City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and add	dresses)		··· <u> </u>	the box to indicate a	n attachment 🗌	
President Name Paul Zheng			Vice-President Name Louis Yip	Vice-President Name Louis Yip		
Street Address 17 watermark D	Street Address 17 watermark Dr		Street Address 71 Wingate R	Street Address 71 Wingate Rd		
<sup>City</sup> Tiverton	State RI	<sup>Zip</sup> 02878	<sup>City</sup> Providence	State RI	Z <sub>IP</sub> 02906	
Secretary Name Tze Ping Ng  Treasurer Name Eric Leung						
Street Address 76 Middle Rd			Street Address 3 Lori Ann Dr	Street Address 3 Lori Ann Dr		
<sup>Crty</sup> East Greenwich	State RI	<sup>Zip</sup> 02818	City Lincoln	State RI	02865	
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST I		the box to indicate a	an attachment	
Director Name Louis Yip			Director Name Tze Ping Ng			
Street Address 71 Wingate Rd Street Address		Street Address 76 Middle Rd	Address 76 Middle Rd			
City Providence	State RI	<sup>Zip</sup> 02906	City East Greenwich	State RI	Z <sub>I</sub> p 02818	
Director Name James Sung  Director Name Eric Lei		Director Name Eric Leung				
Street Address 2 Carriage Dr	Street Address 2 Carriage Dr Street Address 3 Lori Ann Dr					
<sup>City</sup> Lincoln	State RI	<sup>Zip</sup> 02865	<sup>Crty</sup> Lincoln	State RI	Zip 02865	
9. The Registered Agent information	on of record with th	ne RI Department	t of State is accurate. Changes requ	uire filing Form 641	Ι.	
Under penalty of perjury, I decla statements, and that all stateme			ed this report, including any acco d correct.	mpanying sched	ules and	
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						
Louis Yip 4/1/2024						
Signature of Officer/Authorized Rep	presentative					

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov