



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ 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 <u>28705</u>		2. Exact name of the Corporation <u>ON LEUNG Chinese Merchants Assoc. of R.I.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Social organization</u> <u>Domestic Non-Profit Corporation</u>			
4. NAICS Code <u>813410</u>					
6. Principal Office Address <u>34 PONTIAC AVE</u>		City <u>CRANSTON</u>		State <u>RI</u>	Zip <u>02910</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>CHARLES Y CHIN</u>			Vice-President Name <u>CHAO YAN HUANG</u>		
Street Address <u>419 ALBION RD. #19</u>			Street Address <u>18 LEXINGTON AVE</u>		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>
Secretary Name <u>CHAO YAN HUANG</u>			Treasurer Name <u>EDWIN W CHU</u>		
Street Address <u>18 LEXINGTON AVE</u>			Street Address <u>119 Edman St</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>
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 <u>Edwin W Chu</u>			Director Name <u>TING Choi LEUNG</u>		
Street Address <u>119 Edman St</u>			Street Address <u>52 FRANKFORT St</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>
Director Name <u>Charles Y Chin</u>			Director Name <u>TING Choi LEUNG</u>		
Street Address <u>419 ALBION RD #19</u>			Street Address <u>17 EGAN RD.</u>		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>CRANSTON</u>	State <u>R.I.</u>	Zip <u>02910</u>
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 <u>Edwin W Chu</u>					Date <u>6/30/2024</u>
Signature of Officer/Authorized Representative <u>Edwin W Chu</u>					

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

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BY JQB/YW

FORM 631- Revised: 04/2023