



**State of Rhode Island  
Department of State - Business Services Division**

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**Annual Report for the year: 2025**

**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.

1. Entity ID Number <b>29206</b>	2. Exact name of the Corporation <b>Rhode Island Association of Chinese Americans</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>Education and Culture Organization</b>
4. NAICS Code <b>813119-other social advc</b>	

6. Principal Office Address <b>333 Roosevelt Ave</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Louis Yip</b>			Vice-President Name <b>Tze Ping Ng</b>		
Street Address <b>71 Wingate Rd</b>			Street Address <b>76 Middle Rd</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Louis Yip</b>			Treasurer Name <b>Nancy Chen</b>		
Street Address <b>71 Wingate Rd</b>			Street Address <b>48 Blackstone st</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State <b>RI</b>	Zip <b>02865</b>

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 <b>Louis Yip</b>			Director Name <b>Tze Ping Ng</b>		
Street Address <b>71 Wingate Rd</b>			Street Address <b>76 Middle Rd</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>None</b>			Director Name <b>Nancy Chen</b>		
Street Address			Street Address <b>48 Blackstone St</b>		
City	State	Zip	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>

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 <b>Louis Yip</b>	Date <b>3/11/25</b>
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Signature of Officer/Authorized Representative

**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**  
**MAR 25 2025**  
 By ale3  
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