



State of Rhode Island
Department of State - Business Services Division

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.

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|--|-----------------|---|--|------------------------|---------------------|
| 1. Entity ID Number 113031 | | 2. Exact name of the Corporation Chinese Christian Cemetery of Rhode Island | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To purchase and sell estate for burial purpose only | | | |
| 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 addresses). Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Louis Yip | | | Vice-President Name Tze Ping Ng | | |
| Street Address 71 Wingate Rd | | | Street Address 76 Middle Rd | | |
| City Providence | State RI | Zip 02906 | City East Greenwich | State RI | Zip 02818 |
| Secretary Name Paul Zheng | | | Treasurer Name Eric Leung | | |
| Street Address 17 Watermark Dr | | | Street Address 3 Lori Ann Dr | | |
| City Tiverton | State RI | Zip 02878 | City Lincoln | State RI | Zip 02865 |
| 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 Louis Yip | | | Director Name Tze Ping Ng | | |
| Street Address 71 Wingate Rd | | | Street Address 76 Middle Rd | | |
| City Providence | State RI | Zip 02906 | City East Greenwich | State RI | Zip 02818 |
| Director Name James Sung | | | Director Name Paul Zheng | | |
| Street Address 2 Carriage Dr | | | Street Address 17 Watermark DR | | |
| City Lincoln | State RI | Zip 02865 | City Tiverton | State RI | Zip 02878 |
| 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 Louis Yip | | | | Date 3/11/25 | |
| 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

FORM 631- Revised 12/2023