



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

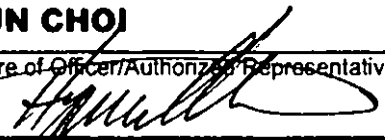
Non-Profit Corporation

→ 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 001722960		2. Exact name of the Corporation THE FIRST CHURCH OF KAREN KA			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SOCIAL AND/OR RELIGIOUS ACTIVITIES			
4. NAICS Code 813410					
6. Principal Office Address 127 ANGELL ST FL 2		City PROVIDENCE		State RI	Zip 02906
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name HYUN CHOI			Vice-President Name NONE		
Street Address 127 ANGELL ST FL 2			Street Address NONE		
City PROVIDENCE	State RI	Zip 02906	City NONE	State NONE	Zip NONE
Secretary Name KEVIN XIANG			Treasurer Name PATRICK ZHANG		
Street Address 127 ANGELL ST FL 2			Street Address 127 ANGELL ST FL 2		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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 HYUN CHOI			Director Name PATRICK ZHANG		
Street Address 127 ANGELL ST FL 2			Street Address 127 ANGELL ST FL 2		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name KEVIN XIANG			Director Name NONE		
Street Address 127 ANGELL ST FL 2			Street Address NONE		
City PROVIDENCE	State RI	Zip 02906	City NONE	State NONE	Zip NONE
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>HYUN CHOI</b>				Date <b>04/12/2025</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

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

APR 17 2025  
BY 6065  
AA. 2:22pm  
FORM 631- Revised: 12/2023