



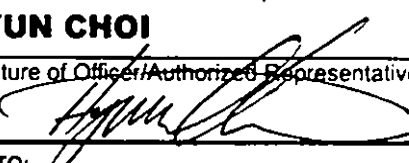
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

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.

REC'D RIDOS BSD  
25 APR 17 PM 2:20:50

1. Entity ID Number <b>001722960</b>		2. Exact name of the Corporation <b>THE FIRST CHURCH OF KAREN KA</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>SOCIAL AND/OR RELIGIOUS ACTIVITIES</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>127 ANGELL ST FL 2</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
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>HYUN CHOI</b>			Vice-President Name <b>NONE</b>		
Street Address <b>127 ANGELL ST FL 2</b>			Street Address <b>NONE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
Secretary Name <b>KEVIN XIANG</b>			Treasurer Name <b>PATRICK ZHANG</b>		
Street Address <b>127 ANGELL ST FL 2</b>			Street Address <b>127 ANGELL ST FL 2</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</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>HYUN CHOI</b>			Director Name <b>PATRICK ZHANG</b>		
Street Address <b>127 ANGELL ST FL 2</b>			Street Address <b>127 ANGELL ST FL 2</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>KEVIN XIANG</b>			Director Name <b>NONE</b>		
Street Address <b>127 ANGELL ST FL 2</b>			Street Address <b>NONE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>HYUN CHOI</b>				Date <b>04/12/2025</b>	
Signature of Officer/Authorized Representative 					

FILED

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

AA.  
2:21pm  
APR 17 2025  
BY CoDlast