



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 18 PM 1:55:27

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 36909		2. Exact name of the Corporation BONG KUKATONIR OF RHODE ISLAND	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON POLITICAL SOCIAL ORGANIZATION	
4. NAICS Code 813319			
6. Principal Office Address 171 GALLATIN STREET		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Willis K. Dunbar		Vice-President Name HENRY WENNIE	
Street Address 171 Gallatin Street		Street Address 57 HILTON Street	
City PROVIDENCE	State RI	City PAWSTUCKET	State RI
Zip 02907		Zip 02860	
Secretary Name Richard Karmue		Treasurer Name	
Street Address 2 Hollis Street		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02907		Zip	
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 Jimmy G. Brooks		Director Name Helen Miller	
Street Address 67 PROVIDENCE Street		Street Address 491 PINE Street	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
Director Name		Director Name FRANKLIN G. BAS	
Street Address		Street Address 95 CARPENTER Street	
City	State	City PAWSTUCKET	State RI
Zip		Zip 02860	
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 Willis K. Dunbar			Date 4/18/2025
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

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BY LKS 7K6S7
FORM 631- Revised: 12/2023