



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.

REC'D RIDGOS BSD
25 JUN 30 PM 2:40:35

1. Entity ID Number <u>001451903</u>		2. Exact name of the Corporation <u>Korean American Business Commerce Association RI</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide a business vehicle for Korean Community in RI and broad.</u>	
4. NAICS Code <u>813910</u>			
6. Principal Office Address <u>1140 Park Ave</u>		City <u>Cranston</u>	State <u>RI</u> Zip <u>02910</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Hein Jo Park</u>		Vice-President Name	
Street Address <u>602 Reservoir Ave</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Hae Kyung Park</u>		Director Name <u>Dong Soo Lee</u>	
Street Address <u>602 Reservoir Ave</u>		Street Address <u>35 Williamsburg Lane</u>	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>Attleboro</u> State <u>MA</u> Zip <u>02103</u>
Director Name <u>Angela H. Sharkey</u>		Director Name	
Street Address <u>Po Box 515</u>		Street Address	
City <u>W. Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City <u></u> State <u></u> Zip <u></u>
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 <u>Angela H. Sharkey</u>			Date <u>6/30/25</u>
Signature of Officer/Authorized Representative <u>Angela H. Sharkey</u>			

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631- Revised 12/2023