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2022 APR 29 A 9:22



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.

1. Entity ID Number 000040210		2. Exact name of the Corporation WAT LAO BUDDHOVATH OF RI, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A PLACE OF WORSHIP AND A COMMUNITY RESOURCE CENTER TITL:			
4. NAICS Code 813110 - Religious Organizati		7-6			
6. Principal Office Address 88 LIMEROCK ROAD		City SMITHFIELD	State RI	Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WERN SEPASOUK			Vice-President Name SOMBOUN CHANTHALYMA		
Street Address 25 MILOT ROAD			Street Address 40 OAK HILL DRIVE		
City WESTFORD	State MA	Zip 01886	City JOHNSTON	State RI	Zip 02919
Secretary Name KHAMFEUNG THOUNSAVATH			Treasurer Name PHATHAVIPHONE THOUNSAVATH		
Street Address 316 DORA STREET			Street Address 35 HARWOOD STREET		
City PAWTUCKET	State RI	Zip 02860	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name SAM KACHITTAVONG			Director Name BOUNHEUANG KHAMSYVORAVONG		
Street Address 18 AVE C			Street Address 20 CARTER AVE		
City WOONSOCKET	State RI	Zip 02895	City PAWTUCKET	State RI	Zip 02861
Director Name KHAMBAY VONGSITHI			Director Name BOUNMA TASAVANH		
Street Address 235 JEWETT STREET			Street Address 85 LUCILLE STREET		
City PROVIDENCE	State RI	Zip 02908	City WOONSOCKET	State RI	Zip 02895
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.					
<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 KHAMFEUNG THOUNSAVATH				Date 4/29/22	
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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Director Name BOUNNITH KHAMSYVORAVONG			Director Name SAVANH CHANTHARANGSY		
Street Address 45 GOLDEN VIEW DRIVE			Street Address 25 LONGFELLOW TERRACE 3RD FLR		
City JOHNSTON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02907
Director Name TAI NOSAVN			Director Name KAREN XAYAVONG		
Street Address 315 BUNSIDE AVE			Street Address 85 VINEYARD STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name PHOUANGPHET OUPRAVANH			Director Name		
Street Address 45 FARNUM STREET			Street Address		
City BLACKSTONE	State RI	Zip 01504	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip