

**STATE OF HAWAII**  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
335 Merchant Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

**DOMESTIC NONPROFIT CORPORATION ANNUAL REPORT AS OF January 1, 2023**

**CORPORATION NAME AND MAILING ADDRESS**

TONGAN COMMUNITY OF HAWAII, INC  
PO BOX 971533  
WAIPAHU HI 96797

**Principal Office Address**

94-1249 KAHUAINA ST  
WAIPAHU HI 96797

**1. Nature of Activities**

TOCOHI'S PURPOSE IS TO INVITE ALL PEOPLE TO UNITY AND HELP THEM UNDERSTAND THE BLESSINGS TO PROMOTE, PERPETUATE, AND PRESERVE AUTHENTIC CULTURES AND ARTS, DEVELOP RICHER ORGANIZATIONAL PROGRAMS, AND BUILD A CULTURAL CENTER TO ENRICH AND NOURISH ALL PEOPLE TO REACH THEIR GREATNESS. LIKEWISE, DESIGN AND PRINT ARTS OF POLYNESIA, LIVE STREAM EDUCATIONAL SHOWS, AND CULTURAL FUNCTIONS.

**2. The name of the registered agent and the registered agent's street address of the place of business in Hawaii of the person to which service of process and other notice and documents being served on or sent to the entity represented by it may be delivered to.**

ONELEAF SYSTEM, INC.  
94-1189 HOOMAKOA ST  
WAIPAHU HI 96797

**3. List all officers and directors.**

Offices Held	Full Name	Address
P/D/C/CEO	LAUTAHA,VEAMONITI	94-1189 HOOMAKOA STREET, WAIPAHU HI 96797
V/D/VC	VAKALAH,HALAEVALU	1888 KALAKAUA AVE, HONOLULU HI 96815
T/D/CFO	TAU'AIIKA,SOLOMONE	2631 NAHAKU PLACE, HONOLULU HI 96826
S/D	HOLAKEITUAI,SEPIUTA	94-125 PAHU STREET, WAIPAHU HI 96797

CONTINUED ON OFFICERS ADDENDUM

<input type="checkbox"/>	<b>NO CHANGES</b> Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.
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**CERTIFICATION**

I certify under the penalties of Section 414D-12, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

April 27, 2023	VEAMONITI LAUTAHA	VEAMONITI LAUTAHA
Date	Signature of authorized officer, attorney-in-fact for an officer, or receiver or trustee (if the corporation is in the hands of a receiver or trustee)	Print Name

FILE NO. 319269 D2  
Rev. 10/2013

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**OFFICERS ADDENDUM**

<b>Offices Held</b>	<b>Full Name</b>	<b>Address</b>
D	FUNAKI,SIONE	56-352 LELEULI STREET, KAHUKU HI 96731
V/D/VC	TAUMOEPEAU,'ALAMOTI	55 WAHINEPEE STREET, LAIE HI 96762