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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
127858	The Sanskrit Library		
3. State of Incorporation	4. Corporate address in Rhode Island Street Address	City	Zip
RHODE ISLAND	89 Cole Avenue	PROVIDENCE	02906-4629
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
TO CONDUCT AND FACILITATE PHILOLOGICAL RESEARCH AND EDUCATION IN OLD AND MIDDLE INDIC LANGUAGES, PARTICULARY VEDIC AND SANSKRIT

7. NAMES AND ADDRESSES OF THE OFFICERS (☑ BOX FOR ATTACHMENT) ☐ FILL IN SPACES BELOW IF NOT USING ATTACHMENT

President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name: Peter M. Scharf			Treasurer Name		
Street Address: 89 Cole Avenue			Street Address		
City: Providence	State: RI	Zip: 02906-4629	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS (☑ BOX FOR ATTACHMENT) ☐ FILL IN SPACES BELOW IF NOT USING ATTACHMENT
THE NUMBER OF DIRECTORS IF A DOMESTIC RHODE ISLAND CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name: Peter M. Scharf			Director Name: Malcolm D. Hyman		
Street Address: 89 Cole Avenue			Street Address: 3 Regency Plaza, 807R		
City: Providence	State: RI	Zip: 02906-4629	City: Providence	State: RI	Zip: 02903
Director Name: Susan J. Rosenfield			Director Name		
Street Address: 51A Jackson Street			Street Address		
City: Newton	State: MA	Zip: 02159	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 - R.I.G.L. 7-1.1-7 & 8

Agent Name: Peter M. Scharf	Address	
Address: 89 Cole Avenue	City: Providence	Zip: 02906-4629

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

1 2 7 8 5 8

127858 DNP 06/05/04 12:42:23 AM
File Date FILED
Check No.
JUN 20 2008
By 1782
FOR SECRETARY OF STATE USE ONLY

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.

Peter M. Scharf 18 June 2008
Signature of Officer *Date*

Peter M. Scharf
Print or Type Name of Officer

Secretary
Title of Officer

Form 631 Rev. 6/02

23480-31-266527