

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Providence, RI 02904-2615 401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.					·			
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation						
105404	INDIA MUS	INDIA MUSEUM AND HERITAGE SOCIETY						
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street A	Address	City	Zip			
RI	58 TELL S	TREET		PROVIDENCE	02909			
5. Foreign corporation. Enter principal office address			City	State	Zip			
6 Brief Description of the cha	tracter of the affairs whic	ch are actually conducted in RI	bode Island					
TO REPRESENT THE	E INDIAN COMMU	NITY AT THE HERITAG	SE HABOR MUSEUM IN PRO	VIDENCE, RI				
7. NAMES AND ADDR	ESSES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT) TILL IN SPAC	CES REPORE USING ATTAC	HMENTS			
President Name			Vice President Name					
SUBHASH CHANDER								
Street Address			Street Address					
28 WOODBINE STREET								
City	State	Zip	City	State	Zip			
ATTLEBORO	MA	02703						
Secretary Name			Treasurer Name					
HIMABINDU BANDA	ARUPALI		DEBBIE TRIVEDI					
Street Address			Street Address					
58 TELL STREET				58 TELL STREET				
City	State	Zip	City:	State	Ζίψ			
PROVIDENCE	RI	02909	PROVIDENCE	RI	02909			
		Signatura (1986) - Pagaran Santa (1986) - Pagaran Santa (1986)	그 뭐 그렇게 다 나는 모든 말을 하는데 가다.	a, NACHTOLOGIC BOOK (CONTRACTOR)	•			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA)  Director Name			(3). R.I.G.L. 7-6-23    Director Name					
			1 1					
DR MAHENDRA PA Street Address	NOL .		ARUN AGARWAL Street Address					
297 SUMMIT DRIVE			77 OAKLAND AVE					
City	State	Zip	City	State	<b>₩</b> 60			
CRANSTON	RI	02920	SWANSEA	RI	<b>₩</b> 777 <u>₹</u> ₩ <b>2</b> 0			
Director Name		•	Director Name		9.A.C			
Kul Bhush	an Chai	o dhary			A A A A			
Street Address			Street Address					
17 Waterman Avenue			P 285					
CVOOCED	State Q -	[   Zip   0 8 9 1 0	City	State	S DISTA			
Cranston			ing ang mengang ang kenanggan pang menganggan pangkanggan. Kenanggan pangkanggan pangkanggan pangkanggan pangkanggan pangkanggan pangkanggan pangkanggan pangkanggan pang	aviakinda halibi interiesi eleme	ୢୣ୷୕ୄ୵୵			
9. REGISTERED AGEN	II IN KHODE ISLA			ika hini kacamatan	<b>299</b> 124			
This information is curr	ently of record in th	e Office of the Secretary	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13	/7-6-78			
This repor	t must be signed by	either the President, Vic	ce President, Secretary, Assista	int Secretary, Treasurer, Rece	eiver or Trustee			

**FILED** 

	105404	JUL 0 7 2009  By 277	Under penalty of perjury, I declare and affirm tha report, including any accompanying schedules and	
File Date		129-93978	statements contained herein are true and correct.  Signature of Officer	6/10/09 Date
Check No. By:			DEBBIE TRIVEDI Print or Type Name of Officer	
<i>B</i>	FOR SECRETARY OF STATE USE ONLY		TREASURER Title of Officer	France 421 Page (10/17