RI SOS Filing Number: 201064548790 Date: 06/29/2010 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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 Corporation		
135470	NAMASKAR INDIA		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	30 ALPINE ESTATES DRIVE	CRANSTON	02921
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

COMMUNITY SERVICE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
AMRUT PATEL			ISHVAR N. PATEL		
Street Address			Street Address		
30 ALPINE ESTATES DRIVE			571 STATE ROAD		
City	State	Zip	City	State	Zip
CRANSTON	RI	02921	N. DARTMOUTH	MA	02747
Secretary Name			Treasurer Name		
ANAND SALOOJA			NITIN TRIVEDI		
Street Address			Street Address		
856 HOPE STREET			58 TELL STREET, 1F		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02906	PROVIDENCE	RI	02909

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name			Director Name		
ALL SAME AS ABOVE					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

[redacted] 135470

[redacted]

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.

Signature of Officer — Date: 6/26/10

AMRUT PATEL
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date 6-29-2010
Check No. 1067
By: mnc

50718-10-528881 FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 09/17