



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 2011

**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. <b>105404</b>	2. Name of Corporation <b>INDIA MUSEUM &amp; HERITAGE SOCIETY</b>		
3. State of Incorporation <b>RHODE ISLAND</b>	4. Corporate address in Rhode Island - Street Address <b>58 TELL STREET, 1F</b>	City <b>PROVIDENCE</b>	Zip <b>RI</b>
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>TO REPRESENT THE INDIAN COMMUNITY AT THE HERITAGE HARBOR MUSEUM AND PROMOTE INDIAN HERITAGE IN RI</b>			

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

President Name <b>SUBHASH CHANDER</b>	Vice President Name			
Street Address <b>28 WOODBINE STREET</b>	Street Address			
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City	
Secretary Name <b>HIMABINDU BANDARUPALI</b>		Treasurer Name <b>DEBBIE TRIVEDI</b>		
Street Address <b>58 TELL STREET</b>	Street Address <b>58 TELL STREET, 1F</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	
City <b>PROVIDENCE</b>			State <b>RI</b>	Zip <b>02909</b>

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

Director Name <b>KULBHUSHAN CHAUDHARY</b>	Director Name <b>DR. MAHENDRA PAUL</b>		
Street Address <b>17 WATERMAN AVENUE</b>	Street Address <b>297 SUMMIT DRIVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>
Director Name <b>NITIN TRIVEDI</b>		Director Name	
Street Address <b>58 TELL STREET, 1F</b>	Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City

### 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

11 JULY 2011  
3:21

105404

File Date	<b>FILED</b> <input checked="" type="checkbox"/>	
Check No.	<b>JUL 08 2011</b>	
By:	<b>148126</b>	
BY THE 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.

*Nitin Trivedi*  
Signature of Officer

**11/18/11**  
Date

**NITIN TRIVEDI**

Print or Type Name of Officer

**DIRECTOR**

Title of Officer