

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 105404		2. Exact name of the Corporation INDIA MUSEUM & HERITAGE SOCIETY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE ART, MUSIC & CULTURE OF INDIA			
5. Principal office address 58 TELL STREET, 1F			City PROVIDENCE	State RI	Zip 02909
President Name SUBHASH CHANDER			Vice-President Name		
Street Address 13 ADAMS CIRCLE			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name SABRINA CHAUDHARY			Treasurer Name DEBBIE TRIVEDI		
Street Address 17 WATERMAN AVENUE			Street Address 58 TELL STREET, 1 F		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02909
Director Name KULBHUSHAN CHAUDHARY			Director Name DR. MAHENDRA PAUL		
Street Address 17 WATERMAN AVENUE			Street Address 297 SUMMIT AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02920
Director Name HIMABINDU BANDARUPALLI			Director Name		
Street Address 58 TELL STREET, 1 F			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

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.

FILED

AUG 11 2016

281124
A.H.

Deborah K. Trivedi 7/25/16
 Signature of Officer or Authorized Representative Date

Deborah K. Trivedi
 Print or Type Name of Officer or Authorized Representative