



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000148346

2. Name of Corporation Maharishi Foundation USA, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 35 NORTH GREAT ROAD

City or Town: LINCOLN, MA

State: RI

Zip: 01773

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ADMINISTER AND SUPERVISE THE TEACHING OF TRANSCENDENTAL MEDITATION PROGRAM AND ITS ADVANCED PROGRAMS, INCLUDING ALL MAHARISHI VEDIC SCIENCES AND TECHNOLOGIES REQUIRED TO CREATE HAPPY, ENLIGHTENED AND RESPONSIBLE CITIZENS OF SOCIETY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BEVAN MORRIS	1000 N 4TH ST. FAIRFIELD, IA 52556 USA
SECRETARY	LEONARD GOLDMAN	178 DELAWARE FREEPORT, NY 11520 USA
CFO	GARY KORF	1100 N 4TH ST. SUITE #128

		FAIRFIELD, IA 52556 USA
VICE PRESIDENT	ROBERT DANIELS	409 SILVERLAKES FAIRFIELD, IA 52556 USA
DIRECTOR	DR. JOHN HAGELIN	1950 MANSION DRIVE FAIRFIELD, IA 52556 USA
DIRECTOR	BEVAN MORRIS	1000 N 4TH ST FAIRFIELD, IA 52556 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARCIA KASPARK 68 SPRING GARDEN STREET WARWICK , RI 02888

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

Signed this 9 Day of May, 2017 at 8:17:14 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By GARY KORF
Signature of Authorized Person

Form No. 631
Revised 09/07

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