



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**Non-Profit Corporation**

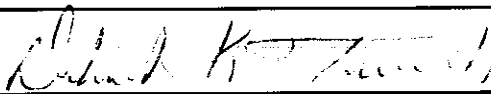
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

R.I. DEPT. OF STATE  
BUSINESS SERVICES DIV.

2017 JUN -1 PM 12:01

1. Entity ID Number <b>105404</b>		2. Exact name of the Corporation <b>INDIA MUSEUM &amp; HERITAGE SOCIETY</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROMOTE ART, MUSIC &amp; CULTURE OF INDIA</b>			
4. NAICS Code <b>813219</b>					
6. Principal Office Address <b>58 TELL STREET, 1 F</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02909</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SUBHASH CHANDER</b>			Vice-President Name		
Street Address <b>13 ADAMS CIRCLE</b>			Street Address		
City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Secretary Name <b>SABRINA CHAUDHARY</b>			Treasurer Name <b>DEBBIE TRIVEDI</b>		
Street Address <b>17 WATERMAN AVENUE</b>			Street Address <b>58 TELL STREET, 1F</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>HIMABINDU BANDARUPALLI</b>			Director Name		
Street Address <b>58 TELL STREET, 1 F</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>DEBBIE TRIVEDI</b>				Date <b>05-25-2017</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

JUN 01 2017

BY  304970

FORM 631 - Revised: 05/2017