



**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. 000812250

2. Name of Corporation Shambhala USA

3. State of Incorporation

State: CO

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code 81

4. Corporate Address in Rhode Island

No. and Street: 541 PAWTUCKET AVENUE
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1345 SPRUCE ST
City or Town: BOULDER State: CO Zip: 80302 Country: USA

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

PRESENT SHAMBHALA BUDDIST TEACHINGS

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	MIPHAM J MUKPO	601-5121 SACKVILLE ST HALIFAX, NS B3J 1K1 CA
TREASURER	CONNIE BROCK	2916 W. RIVER PARKWAY MINNEAPOLIS, MN 55406 USA
SECRETARY	DAVID BROWN	5763 ATLANTIC ST. HALIFAX, NS B3H 1H1 CAN
DIRECTOR	WENDY FRIEDMAN	5573 FALKLAND ST HALIFAX, NS B3K 1A6 CAN
DIRECTOR	JESSE GRIMES	885 ARAPAHOE BOULDER, CO 80301 USA
DIRECTOR	ALEXANDER HALPERN	3035 8TH ST. BOULDER, CO 80304 USA
DIRECTOR	MITCHELL LEVY	160 SLATER AVE PROVIDENCE, RI 02906 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**

DR. MITCHELL LEVY 160 SLATER AVENUE PROVIDENCE , RI 02906

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

Signed this 8 Day of June, 2017 at 12:22:48 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 DAVID MARGOLIS
Signature of Authorized Person

Form No. 631
Revised 09/07