



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2018

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.

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STATE
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL 24 PM 3:55

1. Entity ID Number 00812250		2. Exact name of the Corporation SHAMBHALA USA	
3. State of Incorporation CO		5. Brief description of the character of business conducted in Rhode Island BUDDHIST MEDITATION CENTER TO PRESENT SHAMBHALA/BUDDHIST TEACHINGS	
4. NAICS Code 813110			
6. Principal Office Address 159 SILVER LAKE AVE		City WAKEFIELD	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MIPHAM J. MUKPO		Vice-President Name	
Street Address 601-5121 SARKVILLE ST.		Street Address	
City HALIFAX, CANADA	State N.S.	Zip B3J1K1	
Secretary Name DAVID BROWN		Treasurer Name CONNIE BROCK	
Street Address 5763 ATLANTIC ST		Street Address 2916 W. RIVER PARKWAY	
City HALIFAX, CANADA	State NS	Zip B3H 1H1	City MINNEAPOLIS
			State MIN
			Zip 55406
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name WENDY FRIEDMAN		Director Name ALEXANDER HALPERN	
Street Address 5573 FALKLAND ST.		Street Address 3035 8th ST	
City HALIFAX, CANADA	State NS	Zip B3K-1A6	City BOULDER
			State CO
			Zip 80304
Director Name JESSE GRIMES		Director Name MITCHELL LEVY	
Street Address 885 ARAPAHOE		Street Address 160 SLATEK AV	
City BOULDER	State CO	Zip 80301	City PROVIDENCE
			State RI
			Zip 02906
9 Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative DR. MITCHELL LEVY 160 SLATEK AVENUE			Date 7/25/18
Signature of Officer/Authorized Representative David M. Napolitano			

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

JUL 24 2018

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