RI SOS Filing Number: 201995200950

(3)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:

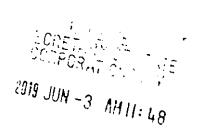
2018

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



Date: 6/3/2019 11:50:00 AM

1. Entity ID Number 001673613	2. Exact name of the Corporation  Dharm insurance association inc.				
3. State of Incorporation Rhode Island 4. NAICS Code	5. Brief description of the character of business conducted in Rhode Island Non-profit corporation engaging in insurance related services entirely for charitable purpose pursuant to Internal Revenue Code section 501(c)(3).				
813219 - Other Grantmaki				State	Zip
9 Spinnaker Drive			City Barrington	RI	02806
7. List ALL officers (names and addresses)  Check the box to indicate an attachmen					
President Name Tushar Patel			Vice-President Name		
Street Address 9 Spinnaker Drive			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name	·	1	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Tushar Patel			Director Name Nauku Patel		
Street Address 9 Spinnaker Drive			Street Address 9 Spinnaker Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	<sup>Zîp</sup> 02806
Director Name Brandon Patel			Director Name		
Street Address 9 Spinnaker Drive			Street Address		
City Barrington	State RI	Zip 02806	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.					
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 Authonzed Representative, Receiver or Trustee.					
Name of Officer/Authorized Repres Tushar Patel	sentative			Date Ct / 3.	117
Signature of Officer/Authorized Representative  FIGN DOCUMENT HERE FILED					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 03 2019 11:50 KL ZYAØP