



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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1. Entity ID Number <b>001673613</b>		2. Exact name of the Corporation <b>Dharm insurance association inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Non-profit corporation engaging in insurance related services entirely for charitable purpose pursuant to Internal Revenue Code section 501(c)(3).</b>			
4. NAICS Code <b>813219 - Other Grantmaking</b>					
6. Principal Office Address <b>9 Spinnaker Drive</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</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>Tushar Patel</b>			Vice-President Name		
Street Address <b>9 Spinnaker Drive</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>Tushar Patel</b>			Director Name <b>Nauku Patel</b>		
Street Address <b>9 Spinnaker Drive</b>			Street Address <b>9 Spinnaker Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Director Name <b>Brandon Patel</b>			Director Name		
Street Address <b>9 Spinnaker Drive</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Tushar Patel</b>				Date <b>4/3/19</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

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