

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 631 Rev. 6/02

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

1. Corporate ID No.	MUST BE TYPED OR PRINTED IN BLACK) porate ID No. 2. Name of Corporation						
127858	The Sanskrit Library						
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address			City:	Zip		
RHODE ISLAND	89 Cole Avenue			PROVIDENCE	02906-4629		
5. Foreign corporation: Ente	r principal office addre	55	City	State	Zip		
6. Brief Description of the ch	aracter of the affairs wi	nich are actually conducted in	Rhode Island				
• •	CILITATE PHILO	GICAL RESEARCH AND		ND MIDDLE INDIC LAN	NGUAGES,		
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR			TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name			Vice President Name				
Sireet Address			Street Address				
Sireer Address			• • • • • • • • • • • • • • • • • • •				
City:	State	Zip	City	State	Zip		
Secretary Name			Treasurer Name	!			
Peter M. Scharf			*				
Street Address	rees Address			* Street Address			
89 Cole Avenue			•				
City 111	State	Zip	City	State	Zip		
Providence	RI	02906-4629	•		<u> </u>		
		RECTORS ("X" BOX FOR DOMESTIC (RHODE ISLAM					
Director Name			Director Name	Director Name			
Peter M. Scharf			Malcolm D. Hyman				
Street Address Z			. Street Address				
89. Cole-Avenue			3 Regency Plaz	a, 809E			
යා මූප හ	State	Zip	·Ciry	State	Zip		
Providence Director Name	RI	02906-4629	Providence	RI	02903		
David C. Scharf			Director Name				
Street Address			•Street Address				
856 Cypress Road	ľ		•				
City	State	Zip	•City	State	Zip		
Vero Beach	FL	32963	•				
	T IN RHODE ISLA	NI) -DO NOT ALTER- Che		of Form 641 -R.1.G.L.7-6	5-13 / 7-6-78		
Agent Name			Address				
Peter M. Scharf				12:-	<u></u>		
Address		City	Zip				
89 Cole Avenue			Providence	029	006-4629		
This report must be sig	ned in ink by eith	er the President, Vice F	President, Secretary, As:	sistant Secretary, Treas	urer, Receiver or Truste		
01 (1910 \$	INII 10061 INIG1 DIISI ISI						
1 2	7 8 5 8		Under penalty of r	perjury, I declare and affirm	that I have examined		
·				ng any accompanying sche			
127858 DNP 0 70:/	14 2. 6 23 AM		and that all statem	ents contained herein are tr	ue and correct.		
Sila Data							
JUN 0 8 2005			Signature of Officer Date				
Check No.			Peter M. Scharf				
Check No.	16 G 700	_	Peter M. S	Scharf			
Check No. By N	168_891	_	Peter M. S Print or Type Name				

Title of Officer



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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 Filing Fee: \$20.00

(FORM MUST BE TYPED OR P.	RINTED IN BLACK)						
1. Corporate ID No. 2. Name of Corporation							
127858	The Sanskrit Library						
3. State of Incorporation	4. Corporate address i	n Rhode Island -Street Ad	dress	City	Zip		
RHODE ISLAND	146 ELMGROVE	AVENUE, APT.	2	PROVIDEN	CE 02906-4265		
5. Foreign corporation: Enter principal office address			City	State	Zip		
6. Brief Description of the charac	ter of the affairs which a	re actually conducted in	Rhode Island				
TO CONDUCT AND FACIL	• ••	•		AND MIDDLE INDIC	LANGUAGES.		
PARTICULARY VEDIC AN							
7. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" ROX FOR AT	TACHMENT) FILL II	N SPACES REFORE HSING	CATTACHMENTS		
President Name	25 01 1110 01110	A DOX TOX III	Vice President Name	Norwella Bel Olds Cont	JATTACHEDATS		
			•				
Street Address		·	Street Address				
į			•				
City	State	Zip	City	State	Zip		
	}	'	• ′	ľ			
Secretary Name			Treasurer Name				
Peter M. Scharf			•				
Street Address			* Street Address				
146 Elmgrove Avenue	e. Apt. 2		•				
City	State	Zip	City	State	Zip		
Providence	RI	02906-4265	,	Çı'dı.	(Ap		
8. NAMES AND ADDRESS	1 -		ATTACIONEDE DE PORT	IN CITA CITA DISCORDI MAI	No Agrillo Citta et la marchia		
				IN SPACES BEFORE USI <u>LL NOT BE LESS THAN</u> 1			
Director Name	ALCOUNTS OF A COMM	LS TO INTODE ISEAN		ELHOT DE LESS TIME	HREE 13).R.I.G.L 7-6-23		
[Director Name				
Peter M. Scharf			Malcolm D. Hyman				
Street Address			.Street Address				
146 Elmgrove Avenu	e, Apt. 2		3 Regency Pla	aza, 809E			
City	State	Zip	•City	State	Zip		
Providence	RI	02906-4265	Providence	RI	02903		
Director Name			• Director Name				
David C. Scharf			•				
Street Address			·Sireet Address				
856 Cypress Road			• • _				
City	State	Zip	,City	State	Zip		
Vero Beach	FL	32963	•				
9. REGISTERED AGENT II	N RHODE ISLAND -	DO NOT ALTER- Cha	nges require filing	of Form 641 -R.I.G.L	,7-6-13 / 7-6-78		
Agent Name			Address				
Peter M. Scharf							
Address			City	[2	io		
146 Elmarovo Avonuo Ant 2			Providence				
146 Elmgrove Avenue, Apt. 2			<u></u>		02906-4265		
This report must be signed	l <mark>in ink</mark> by either th	ie President, Vice P	resident, Secretary, A	Assistant Secretary, Tre	asurer, Receiver or Truster		
E 11010 110(1 1							
1 2 7	8 5 8			f perjury, I declare and affi			
		_		iding any accompanying so			
127858 DNP 06/05/04	12:42:23 AM*		and that all state	ments contained herein are	e true and correct.		
1 2/1	1/04		10-41	OW	. 1		
File Date 8 L	11		per ni.	1	14yust 2004		
Charle No.	イフフ		Signature of Offic	\sim	Dăte		
Check No.	·		Peter M.	•			
p	OA		Print or Type Nan	ne of Officer			
By:			Secretary.				
FOR SECRETARY OF STATE (JSE ONLY		Title of Officer	<u> </u>	12a- (21 n- (m)		

Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 127858 The Sanskrit Library 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address ciry Providence 02906-4265 146 Elmorous drenue Apt. 2 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. TO CONDUCT AND FACILITATE PHILOGICAL RESEARCH AND EDUCATION IN OLD AND MIDDLE INDIC LANGUAGES, PARTICULARY VEDIC AND **SANSKRIT** 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter MOUL Street Address Street Address Elingrave thrence, Apt. 2 City 02906-4265 Secretary Name Treasurer Name nome nout Street Address Street Address City State Zip 8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Director Name David C. Scharf Peter Sireei Address Street Address PO BOX 146 Elmorove Arenve, no. 2 City 02906-4265 Providence Hillsboro NH 03244 Director Name Director Name Roy H. Schar none Street Address Cedor Street, PO BOX 608 06405-0608 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 Agens Name Address PETER M. SCHARF_ 02906. 4265 __PROVIDENCE__ <u>_146_ELMGROVE_AVENUE, NO. 2 _</u> This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. File Date Peter M. Schar Print or Type Name of Officer President and Chairmon of The Board of Directors FOR SECRETARY OF STATE USE ONLY Title of Officer