



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 127858		2. Name of Corporation The Sanskrit Library			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island -Street Address 89 Cole Avenue		City PROVIDENCE	Zip 02906-4629
5. Foreign corporation: Enter principal office address			City	State	Zip
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, PARTICULARLY VEDIC AND SANSKRIT					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Peter M. Scharf			Treasurer Name		
Street Address 89 Cole Avenue			Street Address		
City Providence	State RI	Zip 02906-4629	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN 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 Peter M. Scharf			Director Name Malcolm D. Hyman		
Street Address 89 Cole Avenue			Street Address 3 Regency Plaza, 809E		
City Providence	State RI	Zip 02906-4629	City Providence	State RI	Zip 02903
Director Name David C. Scharf			Director Name		
Street Address 856 Cypress Road			Street Address		
City Vero Beach	State FL	Zip 32963	City	State	Zip
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					
Agent Name Peter M. Scharf			Address		
Address 89 Cole Avenue			City Providence	Zip 02906-4629	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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127858 DNP 06/08/2005 2:23 AM

File Date JUN 08 2005

Check No. By Mto 8789

By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Peter M. Scharf

Print or Type Name of Officer

Secretary

Title of Officer

Date



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Matthew A. Brown, Secretary of State
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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 PRINTED IN BLACK)

1. Corporate ID No. 127858		2. Name of Corporation The Sanskrit Library			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 146 ELMGROVE AVENUE, APT. 2		City PROVIDENCE	Zip 02906-4265
5. Foreign corporation: Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO CONDUCT AND FACILITATE PHILOLOGICAL RESEARCH AND EDUCATION IN OLD AND MIDDLE INDIC LANGUAGES, PARTICULARLY VEDIC AND SANSKRIT					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Peter M. Scharf			Treasurer Name		
Street Address 146 Elmgrove Avenue, Apt. 2			Street Address		
City Providence	State RI	Zip 02906-4265	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN 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 Peter M. Scharf			Director Name Malcolm D. Hyman		
Street Address 146 Elmgrove Avenue, Apt. 2			Street Address 3 Regency Plaza, 809E		
City Providence	State RI	Zip 02906-4265	City Providence	State RI	Zip 02903
Director Name David C. Scharf			Director Name		
Street Address 856 Cypress Road			Street Address		
City Vero Beach	State FL	Zip 32963	City	State	Zip
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					
Agent Name Peter M. Scharf			Address		
Address 146 Elmgrove Avenue, Apt. 2			City Providence	Zip 02906-4265	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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127858 DNP 06/05/04 12:42:23 AM

File Date 8/4/04

Check No. 1477

By: DA

FOR SECRETARY OF STATE USE ONLY

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.

Peter M. Scharf 1 August 2004
Signature of Officer Date

Peter M. Scharf
Print or Type Name of Officer

Secretary
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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. <u>127858</u>		2. Name of Corporation <u>The Sanskrit Library</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Corporate address in Rhode Island - Street Address <u>146 Elmgrove Avenue, Apt. 2</u>		City <u>Providence</u>	Zip <u>02906-4265</u>
5. Foreign corporation. Enter principal office address		City	State	Zip	
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Peter M. Scharf</u>			Vice President Name <u>none</u>		
Street Address <u>146 Elmgrove Avenue, Apt. 2</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906-4265</u>	City	State	Zip
Secretary Name <u>none</u>			Treasurer Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <u>Peter M. Scharf</u>			Director Name <u>David C. Scharf</u>		
Street Address <u>146 Elmgrove Avenue, no. 2,</u>			Street Address <u>PO Box 722</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906-4265</u>	City <u>Hillsboro</u>	State <u>NH</u>	Zip <u>03244</u>
Director Name <u>Roy H. Scharf</u>			Director Name <u>none</u>		
Street Address <u>127 Cedar Street, PO Box 608</u>			Street Address		
City <u>Branford</u>	State <u>CT</u>	Zip <u>06405-0608</u>	City	State	Zip
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					
Agent Name <u>PETER M. SCHARF</u>			Address		
Address <u>146 ELMGROVE AVENUE, NO. 2</u>			City <u>PROVIDENCE</u>	Zip <u>02906-4265</u>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 7 8 5 8 *

File Date 6-17-03

Check No. 1412

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Peter M. Scharf 11 June 2003
Signature of Officer Date

Peter M. Scharf
Print or Type Name of Officer

President and Chairman of The Board of Directors
Title of Officer Form 631 Rev. 6/02