



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period June 1 - June 30

→ Filing Fee: \$20.00

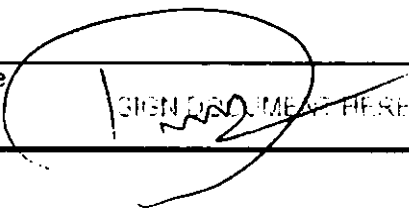
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
STAMP

JUN 24 2020

BY

10305

1. Entity ID Number 001673613		2. Exact name of the Corporation Dharm Insurance Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To generate revenue from insurance related businesses, finances, and retail businesses to donate to humanity based 501(c)3 organizations.			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 9 Spinnaker Drive			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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 Nauka Patel			Treasurer Name Brandon Patel		
Street Address 9 Spinnaker Drive			Street Address 9 Spinnaker Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Nauka Patel		
Street Address 9 Spinnaker Drive			Street Address 9 Spinnaker Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 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.					
<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 Tushar Patel				Date 6/9/20	
Signature of Officer/Authorized Representative 					

MAIL TO:

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