RI SOS Filing Number: 202043326040 Date: 6/24/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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JUN 24 2020
BY 103 OS

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.

1. Entity ID Number	2. Exact name of the Corporation
001673613	**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	City	State	Zip
9 Spinnaker Drive	**Barrington**	**RI**	**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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Tushar Patel	6/9/20

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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

FORM 631 - Revised: 06/2019