



State of Rhode Island
 Department of State - Business Services Division

STAMP

Annual Report for the year: 2022
 Non-Profit Corporation

→ Filing period: February 1 - May 31
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31

1. Entity ID Number 000105404		2. Exact name of the Corporation India Museum & Heritage Society	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO REPRESENT THE INDIA COMMUNITY AT THE HERITAGE HARBOR MUSEUM IN PROVIDENCE, RI.	
4. NAICS Code 813211 - Grantmaking Found			
6. Principal Office Address 58 TELL STREET, 1 F		City PROVIDENCE	State RI
		Zip 02909	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name SUBHASHCHANDER		Vice-President Name	
Street Address 29 WOODBINE STREET		Street Address	
City ATTELBOROR	State MA	City	State
Zip 02703		Zip	
Secretary Name SABRINA CHAUDHARY		Treasurer Name DEBORAH TRIVEDI	
Street Address 5 HAWTHORNE ST		Street Address 58 TELL STREET, 1 F	
City CRANSTON	State RI	City PROVIDENCE	State RI
Zip 02910		Zip 02909	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DR. MAHENDRA PAUL		Director Name DEBORAH TRIVEDI	
Street Address 297 SUMMIT AVENUE		Street Address 58 TELL STREET, 1 F	
City CRANSTON	State RI	City PROVIDENCE	State RI
Zip 02920		Zip 02909	
Director Name HIMABINDU BANDARUPALLI		Director Name	
Street Address 58 TELL STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02909		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641 <input type="checkbox"/>			
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. <input checked="" type="checkbox"/>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee <input type="checkbox"/>			
Name of Officer/Authorized Representative DEBORAH K TRIVEDI		Date 04/27/2022	
Signature of Officer/Authorized Representative <i>Deborah K Trivedi</i>			

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

Handwritten signature/initials