



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 FEB 28 AM 9:10:03

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>1677930</u>		2. Exact name of the Corporation <u>RHODE ISLAND TAMIL SANGAM</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Our CHARACTER INCLUDE ACTIVITIES TO HELP PROMOTE TAMIL LANGUAGE AND CULTURE, ORGANIZE EVENTS LIKE MUSIC, MOVIE, DANCE & DRAMA. ENCOURAGE LOCAL TALENTS IN AND AROUND RI</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>21 GLEN DRIVE</u>		City <u>EAST GREENWICH</u>	State <u>RI</u>
		Zip <u>02818</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒			
President Name <u>SENGAI KAVITHA SINGARAVELU</u>		Vice-President Name	
Street Address <u>21 GLEN DRIVE</u>		Street Address	
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	
Secretary Name <u>VINUTHA PRABHU GANGADHAR</u>		Treasurer Name <u>EZHILMARAN SWAMINATHAN</u>	
Street Address <u>200 HERoux BLVD UNIT 1805</u>		Street Address <u>3226 HAWTHORNE AVE APT 13</u>	
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>RIVERSIDE</u>
			State <u>RI</u>
			Zip <u>02915</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒			
Director Name <u>SEE ATTACHMENT</u>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>EZHILMARAN SWAMINATHAN</u>			Date <u>02/28/2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:

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

FEB 28 2024

BY JIHIT

FORM 631- Revised: 12/2023

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2023



Rhode Island Tamil Sangam

Title	Individual Name	Address
President	Mrs. Sengani Kavitha Singaravelou	21 Glen Dr, East Greenwich, RI 02818
Secretary	Mrs. Vinutha Prabhu Gangadhar	200 Meroux Blvd, Unit # 1805, Cumberland, RI 02864
Treasurer	Mr. Ezhilmaran Swaminathan	3226 Pawtucket Ave, Apt13, Riverside, RI 02915
Joint-Secretary	Mr. Sudhir Krishnan	1776 Bicentennial way, Unit # H4, North Providence, RI 02911
Joint-Treasurer	Mr. Shankar Lakshmi Narayanan	311 Greenwich Avenue, Apt#0302, Warwick, RI 02886
Public Relation	Mrs. Anisa Banu Anwar	367 Woonasquatucket Ave, Apt #20, North Providence, RI 02911
Director	Mr. Nandakumar Jeevarathinam	187 Maplewood Drive, East Greenwich, RI 02818
Director	Mr. Odi Odayappan	14 Stratton Road, Mansfield, MA 02048
Director	Mrs. Pradheeba Murugan	940 Quaker Lane, Apt# 2214, Warwick, RI 02818.