



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2024**

**Non-Profit Corporation**

**MAY 06 2024**  
BY 391990 DZ

- 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 <b>001760955</b>		2. Exact name of the Corporation <b>India Study Circle</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To promote the study and research of stamps and postal history of India and its neighboring countries</b>			
4. NAICS Code <b>423920</b>					
6. Principal Office Address <b>22 Denver Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sandeep Jaiswal</b>			Director Name <b>Paul ALLEN</b>		
Street Address <b>PO Box 8689</b>			Street Address <b>200 St Andrews Dr</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Farragut</b>	State <b>TN</b>	Zip <b>37934</b>
Director Name <b>Danforth Walker</b>			Director Name		
Street Address <b>34201 Abingdon Ct</b>			Street Address		
City <b>University Park</b>	State <b>FL</b>	Zip <b>34201</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Sandeep Jaiswal</b>					Date <b>4-30-24</b>
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