

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000000398

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**8016543655CC**

**Entity Name:** HEARTFULNESS INSTITUTE INC.

**Current Principal Place of Business:**

2200 GOLDENROD LANE  
SAN RAMON, CA 94582

**Current Mailing Address:**

2200 GOLDENROD LANE  
SAN RAMON, CA 94582 US

**FEI Number:** 81-1750608

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DIXIT, GIRISH  
Address        3258 RESERVE COURT  
City-State-Zip: SAN JOSE CA 95135

Title            VP  
Name            IYER, BALAJI  
Address        24977 GLENDA STREET  
City-State-Zip: NOVI MI 48375

Title            S  
Name            KINI, NARENDRA  
Address        2200 GOLDENROD LANE  
City-State-Zip: SAN RAMON CA 94582

Title            DIRECTOR  
Name            THIMMAPURAM, JAYARAM  
Address        2780 MEADOW CROSS WAY  
City-State-Zip: YORK PA 17402

Title            DIRECTOR  
Name            MILLS, CHIRSTOPHER THOMAS  
Address        5033 LEE STREET  
City-State-Zip: TORRANCE CA 90503

Title            DIRECTOR  
Name            KHANJEE, KAMINI  
Address        77 EAST 12TH #10G  
City-State-Zip: NEW YORK NY 10003

Title            DIRECTOR  
Name            ADDANKI, UDAYKUMAR  
Address        1 HASTINGS LANE  
City-State-Zip: MONROE TOWNSHIP NJ 08831

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NARENDRA KINI**

**SECRETARY**

**02/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date