

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006711

FILED
Feb 08, 2020
Secretary of State
3280970706CC

Entity Name: HINDU SWAYAMSEVAK SANGH-U.S.A., INC.

Current Principal Place of Business:

121 HAWTHORNE CT
ROCKAWAY, NJ 07866-2252

Current Mailing Address:

121 HAWTHORNE CT
ROCKAWAY, NJ 07866-2252

FEI Number: 52-1647017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DHARMENDRA, POKHARNA
6885 SORRENTO ST
ORLANDO, FL 32819 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: DHARMENDRA POKHARNA

02/08/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name AMBASTHA, VINOD
Address 2230 AVONDALE DRIVE
City-State-Zip: FULLERTON CA 92833

Title DIRECTOR
Name SHAH, DINESH
Address 6806 CLEMSON LANE
City-State-Zip: SUGAR LAND TX 77479

Title TREASURER
Name SHARMA, SANJEEV
Address 3110 EGGERS DRIVE
City-State-Zip: FREMONT CA 94536

Title DIRECTOR
Name JAVLEKAR, DHANANJAY
Address 28 COOK ST
City-State-Zip: WESTBOROUGH MA 01581

Title ASST. SECRETARY
Name SIMHA, VIJAY
Address 7944 MCCLELLAN RD APT 1
City-State-Zip: CUPERTINO CA 95014

Title SECRETARY
Name SHEVADE, SIDDHESH
Address 2167 HORNCastle LN
City-State-Zip: NAPERVILLE IL 60564

Title DIRECTOR
Name ACHARYA, CHANDRU
Address 1616 DELANCY CIRCLE
City-State-Zip: CANTON MI 48188

Title DIRECTOR
Name BALSARE, YASHWANT
Address 1158 GATEVIEW DRIVE
City-State-Zip: LAWRENCEVILLE GA 30046

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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: SANJEEV SHARMA

TREASURER

02/08/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHUKLA, MAULIK
Address 16234 SE 48TH ST
City-State-Zip: BELLEVUE WA 98006

Title ASST. SECRETARY
Name SONI, DARSHAN
Address 1242 APRYL DRIVE
City-State-Zip: GREENWOOD IN 46143

Title ASST. SECRETARY
Name TRIPATHI, SANJAY
Address 10597 GASCOIGNE DRIVE
City-State-Zip: CUPERTINO CA 95014