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Secretary of State
State of California

Corporation - Statement of Information

Entity Name: SAN JOAQUIN KANNADA SANGHA

Entity (File) Number: C4301236
File Date: 07/02/2020
Entity Type: Corporation
Jurisdiction: CALIFORNIA
Document ID: GG77644

Detailed Filing Information

1. Entity Name: SAN JOAQUIN KANNADA SANGHA

2. Business Addresses:
 - a. Street Address of Principal Office in California: 354 East Angelina Avenue
Mountain House, California 95391
United States of America

 - b. Mailing Address: 354 East Angelina Avenue
Mountain House, California 95391
United States of America

3. Officers:
 - a. Chief Executive Officer: Kalpana Prabhakara
27700 S Fair Oaks Rd
Tracy, California 95304
United States of America

 - b. Secretary: Vinayak Anantharamu
651 N Colcannon Dr
Mountain House, California 95391
United States of America

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Officers (Cont'd):

- c. Chief Financial Officer: Rajesh S Krishniah
1443 S Hart Dr.
Mountain House, California 95391
United States of America
4. Agent for Service of Process: REGISTERED AGENTS INC
(C3365816)

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Vinayak Anantharamu

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: GG77644



Secretary of State
Articles of Incorporation of a
Nonprofit Public Benefit Corporation

ARTS-PB-501(c)(3)

4301236

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State of California

JUL 24 2019

IMPORTANT — Read Instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00

Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to <https://www.ftb.ca.gov>.

IPC

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1. Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)

The name of the corporation is San Joaquin Kannada Sangha

2. Business Addresses (Enter the complete business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - Do not enter a P.O. Box 27700 S Fair Oaks Road	City (no abbreviations) Tracy	State CA	Zip Code 95304
b. Initial Mailing Address of Corporation, if different than Item 2a	City (no abbreviations)	State	Zip Code

3. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Kalpana	Middle Name	Last Name Prabhakara	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 27700 S Fair Oaks Road	City (no abbreviations) Tracy	State CA	Zip Code 95304

CORPORATION – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

4. Purpose Statement **Item 4a:** One or both boxes **must** be checked.
Item 4b: If "public" purposes is checked in Item 4a, or if you intend to apply for tax-exempt status in California, you **must** enter the specific purpose in Item 4b.)

a. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for: public purposes. charitable purposes.

b. The specific purpose of this corporation is to provide assistance to American Indian community in the Bay Area

5. Additional Statements (See Instructions and Filing Tips.)

- a. This corporation is organized and operated exclusively for the purposes set forth in **Article 4** hereof within the meaning of Internal Revenue Code section 501(c)(3).
- b. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.
- c. The property of this corporation is irrevocably dedicated to the purposes in **Article 4** hereof and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person.
- d. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for **charitable, educational and/or religious** purposes and which has established its tax-exempt status under Internal Revenue Code section 501(c)(3).

6. Read and Sign Below (This form must be signed by each incorporator. See Instructions. Do not include a title.)

Signature

Touria Mobin
 Type or Print Name



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

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Secretary of State
State of California
OCT 14 2019

IMPORTANT — before completing this form.

Filing Fee – \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

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1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

San Joaquin Kannada Sangha (SJKS) See Secretary of State's records for exact entity name.

2. 7-Digit Secretary of State File Number

4301236

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

27700 S Fair Oaks Rd

City (no abbreviations)

Tracy

State

CA

Zip Code

95304

b. Mailing Address of Corporation, if different than item 3a

City (no abbreviations)

State

Zip Code

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/	First Name	Middle Name	Last Name	Suffix
	Kalpana		Prabhakara	
Address	27700 S Fair Oaks Rd		City (no abbreviations)	State Zip Code
			Tracy	CA 95304
b. Secretary	First Name	Middle Name	Last Name	Suffix
	Vinayak		Anantharamu	
Address	651 N Colcannon Dr		City (no abbreviations)	State Zip Code
			Mountain House	CA 95391
c. Chief Financial Officer/	First Name	Middle Name	Last Name	Suffix
	Rajesh		Krishniah	
Address	1443 S Hart Dr		City (no abbreviations)	State Zip Code
			Mountain House	CA 95391

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL – Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Kalpana		Prabhakara	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
27700 S Fair Oaks Rd	Tracy	CA	95304

CORPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete item 5a or 5b

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a).

7. The Information contained herein, including in any attachments, is true and correct.

09/24/2019

Date

Kalpana Prabhakara

Type or Print Name of Person Completing the Form

Chairperson

Title

Signature