

1.) CORPORATION NAME: Ashutosh Muni Foundation, Inc.	DUE DATE: 3/31/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MAYANK AMIN 3151 WALKERS CREEK ROAD BLAND, VA	SCC ID NO: 06130215
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BLAND COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 3151 WALKERS CREEK ROAD CITY/ST/ZIP: BLAND, VA 24315	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MAYANK S AMIN TITLE: PRES/DIR ADDRESS: 3151 WALKERS CREEK ROAD CITY/ST/ZIP/CO: BLAND, VA 24315	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SURESH AMIN TITLE: VICE PRESIDENT ADDRESS: 3151 WALKERS CREEK ROAD CITY/ST/ZIP/CO: BLAND, VA 24315	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MA PRAJNA TITLE: SEC/DIR ADDRESS: 3151 WALKERS CREEK ROAD CITY/ST/ZIP/CO: BLAND, VA 24515	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KAMALESH P PATEL TITLE: TREAS/DIR ADDRESS: 1422 EAST BLUEGRASS TRAIL CITY/ST/ZIP/CO: BLAND, VA 24315	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MAYANK S AMIN	MAYANK S AMIN, PRES/DIR	3/15/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.