40-39-53

Form CHAR410

For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)

## Registration Statement for Charitable Organizations

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271
www.oag.state.ny.us/charities/charities.html

Open to Public Inspection

Pa	Part A - Identification of Registrant						
1.	Full name of organization (exactly as it appears in your organizing document)		5. Fed. employer ID no. (EIN)				
	Open Source Matters, Inc		76.0803008				
2.	2. c/o Name (if applicable)		6. Organization's v	6. Organization's website			
James Vasile		http://www.	opens	sourcematters.com			
3.	Mailing address (Number and street) Room/suite		7. Primary contact				
L	1995 Broadway FL17		James Vasile				
•	City or town, state or country and ZIP+4		Title				
L	New York, NY 10023-5882	Board Member					
4.	Principal NYS address (Number and street)	Room/suite	Phone		Fax		
L			212-580-0	800	212-580-0898		
	City or town, state or country and ZIP+4		Email				
L		<u> </u>					

Part B - Certification - Two Signatures Required				
We certify under penalties for perjury that we reviewed this Registrat	tion Statement, includir	ng all schedules and	attachments, and to t	the best of our
knowledge and belief, they are true, correct and complete in accordance	te with the laws of the S	State of New York ap	plicable to this stateme	ent.
1. President or Authorized Officer/Trustee	1 Clin J	Wanna	President	7/13/07
Signature D	Printed Name	7 -	Title	Date
2. Chief Financial Officer or Treasurer	1 SHAMME	BARTUETI	TREASURER	13/04/07
Signature	Printed Name		Title	Date

Part C - Fee Submitted			
If registering to solicit contributions, fee is \$25.	Check ➪ 🖾	if you are submitting \$25 fee to	Submit check or money order,
If not registering to solicit contributions, no fee is owed.		register to solicit contributions.	payable to "NYS Department of Law."

## Part D - Attachments - All Documents Required

Attach all of the following documents to this Registration Statement, even if you are claiming an exemption from registration:

- Certificate of incorporation, trust agreement or other organizing document, and any amendments; and
- Bylaws or other organizational rules, and any amendments; and
- IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and
- IRS tax exemption determination letter (if applicable)

Part E - Request for Registration Exemption	
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL?	∕es* ⊠ No
* If "Yes", complete Schedule E.	

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4.	Principal NYS address (Number and street)	Room/suite	Phone	Fax			
			212-580-0800	212-580-0898			
	City or town, state or country and ZIP+4		Email				
L							

tration Statement, including all schedule	s and attachments, and	to the best of our
ance with the laws of the State of New Y	ork applicable to this state	ement.
1 ElinJuann	a President	7/18/07
Printed Name	1 Title	Date
I SHAMME BANTLE	TT TREASURE	R 13/04/0
Printed Name	Title	Date
	Printed Name SHAMNE SAMUE	Printed Name  Pr

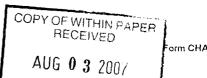
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Part E - Request for Registration Exemption		
Is the organization requesting exemption from registration under either	or both Article 7-A or the EPTL?	☐ Yes* ☒ No
* if "Yes", complete Schedule E.		



art F - Organization Structure				
. Incorporation / formation				
a. Type of organization:		b. Type of corporation	n if New York not-for-profit corpora	ation
Corporation	I ALI BESE CII DII			
Limited liability company (LLC)				<del></del>
Partnership		1 <b>)</b>		than a corporation
Trust		1 11 9 , , , 4 ,	2 0 0 5	
Unincorporated association		<u> </u>	rporated or formed	<del></del>
Other *	🗆	}	.,	
* If Other, describe:	<del></del>	New York	<del></del>	
List all chapters, branches and affiliates of you	ur organization (attach ac	Iditional sheets if necess	ary)	
Name		Relationship	Mailing address (number and s City or town, state or count	
N/A				
•				
		<u> </u>	<u> </u>	
			]	
	<del></del>	+		<del></del>
		-	}	
				·
		<del></del>	<del> </del>	
. List all officers, directors, trustees and key em	iployees	<del></del>		T
Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)		End of term (if applicable)
	<del> </del>	46 Marine S	treet	
Elin Waring	President	Bronx, NY 10464		- 06/01/200
	<del></del>	21 Barameda		<del> </del>
Shayne Bartlett	e Bartlett Treasurer			
	<u> </u>	Albany, WA 6330 Australia		<u> </u>
Ryan Ozimek	Secretary	1330 New Hampshire Ave, #817		06/01/2009
Rydii Ozimek	Boordary	Washington DC, 20036		
Johan Janssens	Board	Valleilaan 59		06/01/2009
Johan Janssens	Member	3290 Diest	Belaium	J 081011500
	Board		<del> </del>	
Christopher Justice	Member			06/01/2009
	Board	Austin, TX	78734	<del></del>
Joseph Orr	1			06/01/2009
	Member	ļ		<u> </u>
James Vasile	Board	1995 Broadway, 17th Floor		06/01/2009
James vasile	Member	New York, N	New York, NY 10023	
				, ,
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	//
I. Other Names and Registration Numbers			<del></del>	
Other Names and Registration Numbers     a. List all other names used by your organize	ation, including any prior	names		
a. List all other names used by your organiz $\mathrm{N}/\mathrm{A}$				
a. List all other names used by your organiz $N/A$	istration numbers for the	organization, including the	nose from the New York State Atto	orney General's
a. List all other names used by your organiz $\mathrm{N}/\mathrm{A}$	istration numbers for the	organization, including the	nose from the New York State Atto	orney General's

Part G - Organization Activiti	es		
1. Month the annual account	ing period ends (01-12)	2. NTEE code	
12		U41	
3. Date organization began d	loing each of following in New York	State:	
1	-		0 3 /0 1/ 2006
		ns, corporations, government agencies, etc.)	
4. Describe the purposes of		no, corporations, generalization agentico, citaly	
Open Source Matter	rs, Inc. exists to pro	ovide an administrative umbrel	
	<del>-</del>	ect and to ensure Joomla!exist	
_		, to enable contributions of i	
		r limiting legal exposure whil	e participating in
Open Source softwa	are projects.		
a. enjoined or otherwise * If "Yes", describe:		or court from soliciting contributions?	
<ol> <li>Has your organization's re</li> <li>* If "Yes", describe:</li> </ol>	gistration or license been suspende	d by any government agency?	☐ Yes* ☒ No
7 0		(including from residents, foundations, corporation	ne nevernment
* If "Yes", describe the p	ourposes for which contributions	are or will be solicited:  has engaged for fund raising activity in NY State	
necessary)			<del></del>
Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
	PFR		Start date: / /
	FRC		End date://
N/A	CCV		
	PFR		Start date: / _ /
	FRC		End date: / /
	ccv		End date.
			Start date: / /
	PFR		1
	ccv		End date: / /
L			<del>.L</del>
Part H - Federal Tax Exempt	i Status		
1. If applicable, list the date			
d. had its tax exempt sta	atus revoked		!!