State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • *Filing Fee: $20.00* * **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

1. Corporate ID No.: 26506	2. Name of Corporation: HOMENETMEN, ARMENIAN GENERAL ATHLETIC UNION AND SCOUTS		
3. State of Incorporation: RHODE ISLAND	4. Corporate address in Rhode Island - Street Address: P.O. BOX 8623	City: CRANSTON	Zip: 02920
5. Foreign corporation. Enter principal office address:	City:	State:	Zip:

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

ATHLETIC, SOCIAL, CULTURAL, EDUCATIONAL ANDSCOUTING ACTIVITIES AND ANY OTHER ACTIVITIES ALLOWED UNDER GENERAL LAWS

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: SARKIS TARPINIAN			Vice President Name: CHRISTOPHER KRIKORIAN		
Street Address: 20 MARIGOLD COURT			Street Address: 22 NORTHVIEW AVE.		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON	State: RI	Zip: 02920
Secretary Name: CHRISTOPHER KRIKORIAN			Treasurer Name: HAROUT KHATCHADOURIAN		
Street Address: 22 NORTHVIEW AVE.			Street Address: 16 KIKI CIRCLE		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON	State: RI	Zip: 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23

Director Name: SARKIS TARPINIAN			Director Name: CHRISTOPHER KRIKORIAN		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: HAROUT KHATCHADOURIAN			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name: HAGOP S. JAWHARJIAN	Address:	
Address: 2013 Plainfield Pike	City: Johnston	Zip: 02919

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 2 6 5 0 6 [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer ______ Date ______

SARKIS TARPINIAN
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date: FILED
Check No.: MAR 02 2009
By: 082414 2:36
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