



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 2011

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, ARNENIAN GENERAL ATHLETIC AND SCOUT | | | |
| 3. State of Incorporation RI | 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 | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name SARKIS TARPINIAN | | Vice President Name SIRAN KRIKORIAN | | | |
| Street Address 20 marigold court | | Street Address 22 north view, ave | | | |
| City cranston | State RI | Zip 02920 | City cranston | State RI | Zip 02920 |
| Secretary Name VICKEN RACHDOUNI | | Treasurer Name HAROUT KHACHADOURIAN | | | |
| Street Address 73 council rock rd. | | Street Address 16 kiki circle | | | |
| City cranston | State RI | Zip 02921 | City cranston | State RI | Zip 02920 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name SARKIS TARPINIAN | | Director Name HAROUT KHACHADOURIAN | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Director Name SIRAN KRIKORIAN | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 | | | | | |

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

26506

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|---------------------------------|-----------------------|
| File Date | FILED |
| Check No. | JUN 06 2011 |
| By: | By [Signature] |
| FOR SECRETARY OF STATE USE ONLY | |

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

president

Title of Officer