

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

1. Corporate ID No.	1	2. Name of Corporation				
26506	HOMENET	MEN,ARNENIAN GEN	ERAL ATHLETIC AND SCC	UT		
3. State of Incorporation	I -	ldress in Rhode Island - Street	Address	City	Zip	
RI	p.o.box 86			cranston	02920	
5 Foreign corporation. Enter principal office address			CU_{Γ}	State	Zip	
6. Brief Description of the cha	inacter of the affairs whi	ch are actually conducted in k	bode Island		***************************************	
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN SP	ACES BEFORE USING ATT	ACHMENTS	
President Name		•	Vice President Name			
SARKIS TARPINIA	AN		SIRAN KRIKORIAN			
Street Address			Street Address			
20 marigold court			22 north view,ave			
Cit):	State	Zip	City:	State	Ζiţ	
cranston	RI	02920	cranston	RI	02920	
Secretary Name			Treasurer Name			
VICKEN RACHDO	UNI		HAROUT KHAC	HADOURIAN		
Street Address			Street Address			
73 council rock rd.			16 kiki circle			
CHy	State	Zιp	City	State	Zip	
cranston	RI	02921	cranston	RI	02920	
			ATTACHMENT) FILL IN SE			
THE NUMBER OF DIR Director Name	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAL	<u>L NOT BE LESS THAN TH</u>	REE (3). R.I.G.L. 7-6-23	
			Director Name			
SARKIS TARPINIAI	N		HAROUT KHACHADOURIAN			
Mreet Address			Street Address			
City	State	les.		<u> </u>		
νή.	Situe	Ζip	City	State	Zip	
Director Name			Director Namo			
SIRAN KRIKORIAN	!		THI BERT HAMA			
Street Address		······································	Street Address			
			7AT CET THEM TOO			
City	State	Zip	CHy	State	Zip	
9. REGISTERED AGEN	T IN RHODE ISLA	ND		•	•	
This information is corre	ently of record in th	e Office of the Sameton	of State. Changes require filing	of Form 641 DIOL 77	17/7 4 79	
outomation is curre	and of feeded in the	e office of the Secretary (n otate. Changes require filing	ог соппочт - К.І.С.Д. /-6-	13/7-0-78	
This report	must be signed by	either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer, Re	eceiver or Trustee	

	26506	
		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	FILED	statements condined herein are true and correct.
Check No	JUN 06 2011	Signature of Officer Date SARKIS TARPINIAN
By:	sy mne)	Print or Type Name of Officer
FOR S	ECRETARY OF LIGHT WE ONLY	president Title of Officer
	- / /	Form 631 Rev. 09/17