



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 91572		2. Exact name of the Corporation The Ararat Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To organize a golf tournament and donate all net proceeds to Armenian charities			
5. Principal office address 91 Toll Gate Road, Suite 300			City Warwick	State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alan G. Zartarian			Vice-President Name K. Kenneth Bogosian		
Street Address 3 Macera Circle			Street Address 172 Olde Mill Lane		
City Warwick	State RI	Zip 02886	City North Kingstown	State RI	Zip 02852
Secretary Name Kenneth R. Minasian			Treasurer Name		
Street Address 6 Maplewood Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alan G. Zartarian			Director Name K. Kenneth Bogosian		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Kenneth R. Minasian			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUN 06 2012

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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.

Alan G. Zartarian **6-3-12**
 Signature of Officer Date

Alan G. Zartarian
 Print or Type Name of Officer

President
 Title of Officer