

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 3013

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

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JU	JLY 30 WILL RESULT IN A \$25.00 PENALTY FEE.	
Entity ID No. 2. Exact name of the Corporation		
26735 THE HUSENIG	FOUNDATION, INC.	
State of Incorporation 4. Brief description of the character of but	siness conducted in Rhode Island	
R.I. SOCIAL, EDVO	ATIONAL, CULTWRAL	
5. Principal office address 80 Whitewood Dv.	City Cranston State RI Zip 02920	
, LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT		
President Name MARC S. JANIGIAN	Vice-President Name SHIRLEY KEZIRIAN	
Street Address 28 Firethorn Lane	Street Address 275 Blackstone Bird.	
City Cranston State R I Zip 02920	City Cranston State RI 02908	
Secretary Name Marianne Janigian	Treasurer Name Louise Janiquan	
Street Address 131 Applegate Rd.	Street Address Whitewood Dr.	
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920	
. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND ("X" BOX FOR ATTACHMENT) \square	CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS	
Director Name Harry Der Ananian	Director Name Stephen Masoian	
Street Address 101 Rankin Ave.	Street Address 108 Whitewood Dr.	
City Providence State RI Zip 02908	City Cranston State R I Zip 02920	
Director Name Wayne Kezirian	Director Name John P. Mederros	
Street Address 1157 Narragansett Blvd.	Street Address 169 Sheffield Hill Rd.	
City Providence State R = Zip 02905	City Exeter State RI Zip 02822	
REGISTERED AGENT IN RHODE ISLAND		
This information is currently of record in the Office of the Secretary of		
This report must be signed by either the President, Vice-President	nt, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee	

FILED		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.	
Check No	MAY 0 9 2013	Man Signature of Officer	5~6~/3 Date
FOR SECRETARY OF STATE USE ONLY	muc	- Marc S. Janigian	
orm No. 631 evised: 05/2012	1 # 1283	Print or Type Name of Officer President Title of Officer	