



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. 00120993		2. Exact name of the Corporation TURKISH AMERICAN CULTURAL SOCIETY OF RI			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Organizing cultural, educational events and projects to spread awareness about Turkish culture.			
5. Principal office address PO Box 8904		City Warwick	State RI	Zip 02888	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TULAY LAWTON			Vice-President Name ASLIHAN TOKGOZ-ONARAN		
Street Address 65 COWSETT AVE			Street Address 57 RIDGE AVE		
City W. WARWICK	State RI	Zip 02893	City Pawtucket	State RI	Zip 02860
Secretary Name OZGE CAN OZCANLI			Treasurer Name FATMA GUNES		
Street Address 67 Wheeler Ave			Street Address 331 Williams St. #3		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02906
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 KAMER KOSEREISOGLU			Director Name SEMA KAYA GURER		
Street Address 10 BELLEWOOD CT.			Street Address 9 VAUGHAN ST.		
City N. KINGSTOWN	State RI	Zip 02852	City PROVIDENCE	State RI	Zip 02906
Director Name HILAL MINDA			Director Name		
Street Address 1030 HOPE ST.			Street Address		
City PROVIDENCE	State RI	Zip 02906	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

File Date _____

Check No _____

By: _____

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: ASLIHAN TOKGOZ-ONARAN Date: 6/11/2013

Print or Type Name of Officer: ASLIHAN TOKGOZ-ONARAN

Title of Officer: Vice President

FILED

JUN 17 2013

BY ML 199495

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