



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 26506		2. Exact name of the Corporation HOMENETMEN ARMENIAN GENERAL ATHLETIC AND SCOUTS			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address p.o.BOX		City CRANSTON		State RI	Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHRISTOPHER KRIKORIAN			Vice-President Name HRANT KHATCHADOURIAN		
Street Address 86 crest drive			Street Address 16 kiki drive		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
Secretary Name HAMAZAST RACHDOUNI			Treasurer Name HAROUT TARAKSIAN		
Street Address 73 council rock rd.			Street Address 100 midvale rd.		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHRISTOPHER KRIKORIAN			Director Name HRANT KHATCHADOURIAN		
Street Address 86 crest drive			Street Address 16 kiki drive		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
Director Name HAMAZAST RACHDOUNI			Director Name HAROUT TARAKSIAN		
Street Address 73 council rock rd.			Street Address 100 midvais rd.		
City cranston	State ri	Zip 02921	City cranston	State ri	Zip 02920
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date

MAY 28 2014

Check No

By:

BY

2204

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 or Authorized Representative

Date

5-10-14

FOR SECRETARY OF STATE USE ONLY

CHRISTOPHER KRIKORIAN /president

Print or Type Name of Officer or Authorized Representative