

## 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 2015

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. 2. Exact name of t	he Corporation	· · · · ·	1 10 1 10 10 10 10 10 10 10 10 10 10 10
26735 The	Husen	ig Foundation,	Inc.
;	Brief description of the character of business conducted in Rhode Island		
R.I. So	icial, Ed	ucational, Cultu	ral
5. Principal office address 28 Firethorn Lane		City Cranston	State RI Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSE	S) ("X" BOX POR AT	TACHMENT)	
President Name Marc S. Janigian		Vice-President Name Shirley Kezirian	
Street Address 28 Firethorn Lane		Street Address 275 Blackstone Blvd	
City Cranston State RI		City Carrie PROV.	
Secretary Name Krista Jani	gian	Treasurer Name LOUISE	Janigian
Street Address 28 Fire thorn		Street Address 80 Whitew	
City Cranston State RI	Zip 02920	City Cranston	State RI Zip 02920
7. LIST ALL DIRECTORS (NAMES AND ADDRESS ("X" BOX FOR ATTACHMENT)	ES). RHODE ISLAND	CORPORATIONS MUST LIST NO L	ESS THAN THREE (3) DIRECTORS
Director Name Harry Der ananian		Director Name Stephen	Masoian
Street Address 101 Ran Kin Ave		Street Address 108 Whitewood Dr	
City Providence State RI	Zip 02908	city Cranston	State R I Zip 02920
Director Name		Director Name John Me	<b>.</b>
Street Address			ffield Hill Rd.
City State	Zip	City Exeter	State R I Zip 01811
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Offic	e of the Secretary of	State. Changes require filing Form 6	41.
This report must be signed by either the President, Vic or Trustee	FILED	y, Assistant Secretary, Treasurer, duly A	Authorized Representative, Receiver
File Date	MAY 2 2 2015	Under penaity of perjury, I declar this report, including any accomp and that all statements contained	panying schedules and statements,
Check No BY	12xt	- Man Dani	man 5/20/1
Ву:		Signature of Officer or Authorized R	epresentative Date
FOR SECRETARY OF STATE USE ONLY		Marc S. Ja	gran 5/20/19 Apresentative pate Migian, Presiden
Form No. 631		Print or Type Name of Officer or Aut	thorized Representative

Revised: 04/2014