



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

| [LOGOUT](#) |

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30



Help with this form

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR:

1. Corporate ID No.

2. Name of Corporation

3. State of Incorporation

State:

4. Corporate Address in Rhode Island

No. and Street:

City or Town:

State: Zip: Country:

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

BY

Zip:

Country:

FILED
MAY 24 2016
6240

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NON PROFIT VETERANS ORGANIZATION, FRATERNAL, SOCIAL, PATRIOTIC

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	PRESIDENT	HAGOP JAKE TARAKSIAN	

☐			17 ASIA STREET CRANSTON, RI 02920 USA
☐	SECRETARY	JAMES C GEYER	244 GROSVENOR AVE N PROVIDENCE, RI 02904 USA
☐	DIRECTOR	ROBERT S BAIN	8 OREGON AVE N PROVIDENCE, RI 02911 USA
☐	DIRECTOR	MICHAEL J OLDRID	39 VOLTURNO ST N PROVIDENCE, RI 02904 USA
☐	DIRECTOR	WILLIAM R FITTS	38 CROMPTON ST W WARWICK, RI 02893 USA

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAMES C. GEYER 354 FRUIT HILL AVENUE NORTH PROVIDENCE , RI 02911

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street: - Same Address as - ▼

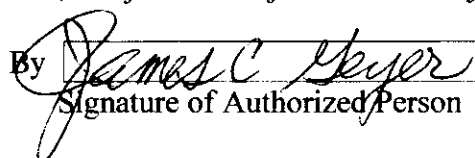
City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 12 Day of May, 2016 at 4:57:56 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By  Signature of Authorized Person