State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
26506	HOMENETNEN ARMENIAN GENERAL Athletic Union and Scouts
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	ATHLETIC,SOCIAL,CULTURAL EDUCATIONAL, AND SCOUTING ACTIVITES.

5. Principal Office Address	City	State	Zip
P O BOX 8623	CRANSTON	RI	02920

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name SARKIS TARPINIAN			Vice-President Name AREES KHATCHADOURIAN		
Street Address 25 CLAUDIA DRIVE			Street Address 51 CRAWFORD ST.		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02910
Secretary Name TALEN TARAKSIAN			Treasurer Name SIRAN KRIKORIAN		
Street Address 100 MIDVALE RD.			Street Address 86 CREST DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02921

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name SARKIS TARPINIAN			Director Name AREES KHATCHADOURIAN		
Street Address 25 CLAUDIA DRIVE			Street Address 51 CRAWFORD ST.		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02910
Director Name TALEN TARAKSIAN			Director Name SIRAN KRIKORIAN		
Street Address 100 MIDVALE RD.			Street Address 86 CAEST DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02921

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
SARKIS TARPINIAN PRESIDENT	5/12/2016

Signature of Officer/Authorized Representative

SIGN DOCUMENT HERE

FILED
JUN 09 2016
BY 2332

Form No. 631
Revised: 2016