RI SOS Filing Number: 201746610160 Date: 6/23/2017 4:00:00 PM

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

Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
26506	**Homenetmen of Providence**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
RI	**Athletic, Social, Cultural, Education, and Scouting Activities**
4. NAICS Code	
813319	

6. Principal Office Address	City	State	Zip
7 Armenia St	**Providence**	**RI**	**02909**

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

President Name **Siran Krikorian**			Vice-President Name **Ida Arslanian**		
Street Address **86 Crest Dr**			Street Address **22 North View Ave**		
City **Cranston**	State **RI**	Zip **02921**	City **Cranston**	State **RI**	Zip **02920**
Secretary Name **Talene Taraksian**			Treasurer Name **Maral Kachadourian**		
Street Address **100 Midvale Ave**			Street Address **73 Council Rock Rd**		
City **Cranston**	State **RI**	Zip **02920**	City **Cranston**	State **RI**	Zip **02921**

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

Director Name **Siran Krikorian**			Director Name **Talene Taraskian**		
Street Address **86 Crest Dr**			Street Address **100 Midvale Ave**		
City **Cranston**	State **RI**	Zip **02921**	City **Cranston**	State **RI**	Zip **02921**
Director Name **Hrag Arakelian**			Director Name **Maral Kachadourian**		
Street Address 45 Harvard Ct			Street Address **73 Council Rock Rd**		
City **Cranston**	State **RI**	Zip 02920	City **Cranston**	State **RI**	Zip **02921**

9. 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
Siran Krikorian	6/13/17

Signature of Officer/Authorized Representative

FILED
JUN 23 2017
BY 1027

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017