

Form No. 631 Revised: 04/2014

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

Filing Period: June	∋ 1 - June 30 • This	report must be typ	JAL REPORT FO ped or printed legibly. JULY 30 WILL RESULT I		Y FEE. 32
1. Entity ID No.	2. Exact name of the Corporation				
26092	ALEPPIAN	AID SOCIETY			N 28
3. State of Incorporation RHODE ISLAND	provide cl	naritable aid to inc	f business conducted in Rhode dividuals of Aleppian d	e Island lescent, who are i	in need of
	medical ca	are or other basic	living requirements.		ට ද ව
5. Principal office address 650 WASHINGTON HWY			City LINCOLN	State RI	Zip 02865
i. List <mark>all</mark> officers (1	VAMES AND ADDRE	SSES) ("X" BOX FOR	ATTACHMENT)		
President Name GARBRIEL ALTONG	Υ		Vice-President Name SAMIR BOUDJOUK		
Street Address c/o 650 GEORGE WASHINGTON HIGHWAY			Street Address c/o 650 GEORGE WASHINGTON HIGHWAY		
City	State	Zip	City	State	Zip
LINCOLN Coeratory Name	RI	02865	LINCOLN	RI	02865
Secretary Name ALBERT KISHFY, JR. Street Address			Treasurer Name GEORGETTE KISHFY		
O GEORGE WASHINGTON HIGHWAY			Street Address c/o 650 GEORGE WASHINGTON HIGHWAY		
City LINCOLN	State Ri	Zip 02865	City LINCOLN	State	Zip
LIST ALL DIRECTORS (("X" BOX FOR ATTACHS rector Name	NAMES AND ADDRE VENTY (X)		ND CORPORATIONS MUST	RI List no less than	02865 THREE (3) DIRECTOR
/ICKY BOUDJOUK			Director Name GEORGETTE A. SAGGAL		
o 650 GEORGE WA			Street Address c/o 650 GEORGE WA	ASHINGTON HIGH	HWAY
ity INCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip
Pirector Name ANET CHARCHAFLIAH			Director Name GEORGE MARDO		
reet Address o GEORGE WASHIN	IGTON HIGHWA	Υ	Street Address c/o 650 GEORGE WA	SHINGTON HIGH	
ty	State	Zip	City	State	Zip
NCOLN	RI	02865	LINCOLN	RI	02865
REGISTERED AGENT IN		u44			
s report must be signed by	either the President	Vice-Provident Commit	of State. Changes require filings.	ng Form 641,	
Trustee	emior dio Frosiderii,	FILED	ary, Assistant Secretary, Treasu	irer, duly Authorized Re	epresentative, Receiver
Ille Date JUN 2 8 201		JUN 2 8 2017	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.		
ineck No	BY/\/	307/89	Lv. 1		JUN 2 3
By:			Signature of Office or Aut	horized Representative	e Date
rm No. 631 vised: 04/2014			Samir Poudiouk Print or Type Name of Officer or Authorized Representative		

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1989 ANNUAL REPORT

ALEPPIAN AID SOCIETY

OFFICERS

President: Gabriel Altongy

Ladies President: Georgeanna Deckey Vice President: Samir Boudjouk Treasurer: Georgette Kishfy Secretary: Albert Kishfy, Jr.

DIRECTORS

Albert Kishfy, Sr.
Marie Boudjouk
Georgette A. Saggal
Janet Charchafliah
Najat Charchafliah

Hanaa Boudjouk Vicky Boudjouk Joseph Mashata Joseph Charchafliah Hikmat Mardo Flavie Raheb Georgette Saggal Janet Mashata George Mardo

All Officers and Directors mailing addresses are in care of:
Joseph Raheb, Esq.
650 Geo. Washington Hwy. Ste 200 Lincoln, RI 02865