



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

Annual Report for the year: 2018
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 000026506		2. Exact name of the Corporation HOMENETMEN OF PROVIDENCE			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island ATHLETIC, SOCIAL,CULTURAL,EDUCATIONAL AND SCOUTING ACTIVITIES AND ANY OTHER ACTIVITIES ALLOWED UNDER THE GENERAL LAWS TITLE: 7-6			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 402 Broadway			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sarkis Tarpinian			Vice-President Name Mike Arslanian		
Street Address 20 Marigold Ct			Street Address 22 north view ave		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Maral Kachadourian			Treasurer Name Hrag Arakelian		
Street Address 73 Council Rock Rd			Street Address 45 Harvard Ct		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sarkis Tarpinian			Director Name Hrag Arakelian		
Street Address 20 Marigold Ct			Street Address 45 Harvard Ct		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Maral Kachadourian			Director Name Mike Arslanian		
Street Address 73 Council Rock Rd			Street Address 22 north view ave		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02920
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Hrag Arakelian				Date 11/18/2018	
Signature of Officer/Authorized Representative 					

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

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