



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 68554		2. Exact name of the Corporation AHARONIAN & ASSOCIATES, INC.			
3. Principal Office Address 310 GEORGE WASHINGTON HIGHWAY, STE. 100			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island PROVIDE PROFESSIONAL ARCHITECTURAL SERVICES, WHICH INCLUDE DESIGNING & PLANNING OF BUILDINGS & SUPERVISING CONSTRUCTION.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN A. AHARONIAN			Vice-President Name JOHN A. AHARONIAN		
Street Address 12 COOK ROAD			Street Address 12 COOK ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JOHN A. AHARONIAN			Treasurer Name JOHN A. AHARONIAN		
Street Address 12 COOK ROAD			Street Address 12 COOK ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMMON	NO PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative JOHN A. AHARONIAN					Date 1/17/19
Signature of Authorized Representative <i>John A. Aharonian</i>					

SIGN DOCUMENT **FILED** *SW*

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

JAN 28 2019

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