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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report for	the	year:
Non-Pro	ofit Corpor	atio	n

2019

FILED 3 2019 13S8

-> 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 1D Number	2. Exact name of	2. Exact name of the Corporation					
26735		The Husenig Foundation, Inc					
3. State of Incorporation	5. Brief description	5. Brief description of the character of business conducted in Rhode Island					
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4. NAICS Code	social, educational, cultural						
813410			·····				
6. Principal Office Address			City Cranston	State R I	Zip		
28 firethorn	Lane		Cranston		02760		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Marc	Janiquan		Vice-President Name Stephen Masoian				
Street Address 28 Firet	horn La	n l	Street Address 108 Wh. tewood Dr.				
City Cranston	State R =	Zip 02920	city Cranston	State RI	Zip 02.920		
Secretary Name John	Medeiro	ς	Treasurer Name LOVISE	Janiqia	n		
Street Address 169 Sh.							
	State RI		city Cranston	State R ±	Zip 0 2920		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Harry	Der anar	ian	Director Name Stephanie	e Masi	olan		
Street Address /0 /	Rankin	Ave	Street Address 23 Wate				
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 029 10		
Director Name			Director Name Krista	Janiqian			
Street Address			Street Address 28 Fire	thorn L	ane		
City	State	Zip	City Cranston	State RI	Zip 0 2920		
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 Marc Janigian, President Date 6/1/19							
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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