



Department of State - Business Services Division

FILED

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JUN 14 2019

BY

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Annual Report for the year: **2019**
 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 000091572		2. Exact name of the Corporation The Ararat Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To organize and run a golf tournament where all net proceeds are donated to various Armenian charitable organizations			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 91 Toll Gate Road, Suite 300		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alan G. Zartarian		Vice-President Name K. Kenneth Bogosian			
Street Address 25 Crickett Circle		Street Address 172 Olde Mill Lane			
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Secretary Name Kenneth R. Minasian		Treasurer Name Kenneth R. Minasian			
Street Address 6 Maplewood Drive		Street Address 6 Maplewood Drive			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 Alan G. Zartarian		Director Name K. Kenneth Bogosian			
Street Address 25 Crickett Circle		Street Address 172 Olse Mill Lane			
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
Director Name Kenneth R. Minasian		Director Name			
Street Address 6 Maplewood Drive		Street Address			
City Lincolnri	State 02865	Zip	City	State	Zip
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 ALAN G. ZARTARIAN				Date 6-11-19	
Signature of Officer/Authorized Representative <i>Alan G. Zartarian</i>				SIGN DOCUMENT HERE	

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