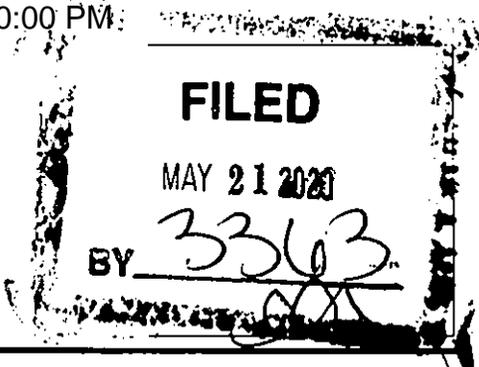




Department of State - Business Services Division



Annual Report for the year: 2020
 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 <u>000026314</u>	2. Exact name of the Corporation <u>DORIC ASSOCIATION, INC.</u>		
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>FRATERNAL ORGANIZATION</u>		
4. NAICS Code <u>813110</u>			

6. Principal Office Address <u>1237 RESERVOIR AVENUE</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>PATRICK M. CONNOL, JR.</u>			Vice-President Name <u>DAVID R. DESPLAINES</u>		
Street Address <u>215 ORCHARD STREET</u>			Street Address <u>75 AVENUE C</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>WUNSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name <u>ROBERT J. KEMPE</u>			Treasurer Name <u>JAMES R. RAPSON</u>		
Street Address <u>222 WARRINGTON STREET</u>			Street Address <u>244 PARK VIEW AVENUE</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <u>GEORGE DONAHUE</u>			Director Name <u>BERNARD C. HANDLER</u>		
Street Address <u>5 HIGGINS STREET</u>			Street Address <u>50 BIRCH ST. APT. # 504</u>		
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>ARMEN AVAGYAN</u>			Director Name <u>IKE DAYACAP</u>		
Street Address <u>1 LONG STREET</u>			Street Address <u>57 EASTON AVENUE</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>

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 <u>James R. Rapson</u>	Date <u>5-19-20</u>
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Signature of Officer/Authorized Representative
JAMES R. RAPSON SIGNATURE OF TREASURER