



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

Annual Report for the year: **2021**
 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.

FILED

JUL 15 2021

BY

1. Entity ID Number 000071772		2. Exact name of the Corporation KNIGHTS OF VARTAN, INC., ARAX LODGE NUMBER 11			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote the furtherance of the cultural heritage of the Armenian people.			
4. NAICS Code 21310					
6. Principal Office Address 1000 Chapel View Boulevard, Suite 220		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Kalian		Vice-President Name Robert Yaghjian			
Street Address 366 Greenwood Avenue		Street Address 1421-G Douglas Avenue			
City Warwick	State RI	Zip 02886	City North Providence	State RI	Zip 02904
Secretary Name Art Yarumian		Treasurer Name Ken Nahigian			
Street Address 22 Juniper Hill Drive		Street Address 135 Ridgeway			
City Coventry	State RI	Zip 02816	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 John Kalian		Director Name Robert Yaghjian			
Street Address 366 Greenwood Avenue		Street Address 1421-G Douglas Avenue			
City Warwick	State RI	Zip 02886	City North Providence	State RI	Zip 02904
Director Name Ken Nahigian		Director Name Art Yarumian			
Street Address 135 Ridgeway Road		Street Address 22 Juniper Hill Drive			
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816
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 John Kalian				Date 6/30/2021	
Signature of Officer/Authorized Representative 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