



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>26735</u>		2. Exact name of the Corporation <u>The Huseinig Foundation, Inc</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>social, educational, cultural</u>			
4. NAICS Code <u>813410</u>					
6. Principal Office Address <u>28 Firethorn Lane</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name <u>Marc Janigian</u>			Vice-President Name <u>Stephen Masoian</u>		
Street Address <u>28 Firethorn Lane</u>			Street Address <u>108 Whitewood Dr.</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>John Medeiros</u>			Treasurer Name <u>Louise Janigian</u>		
Street Address <u>169 Sheffield Hill Rd.</u>			Street Address <u>80 Whitewood Dr.</u>		
City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</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>Paul Deranianian</u>			Director Name <u>Stephanie Masoian</u>		
Street Address <u>35 Greenbriar Rd</u>			Street Address <u>23 Waterman Ave</u>		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
Director Name			Director Name <u>Krista Janigian</u>		
Street Address			Street Address <u>28 Firethorn Lane</u>		
City	State	Zip	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Marc Janigian, President</u>					Date <u>2-19-24</u>
Signature of Officer/Authorized Representative <u>Marc Janigian</u>					FILED

FEB 15 2024

BY 82MB2