



State of Rhode Island
Department of State - Business Services Division

FILED

APR 18 2024

BY PP1569

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>000091572</u>		2. Exact name of the Corporation <u>THE ARARAT ASSOCIATION, INC.</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO ORGANIZE AND RUN A GOLF TOURNAMENT WITH ALL NET PROCEEDS DONATED TO VARIOUS ARMENIAN CHARITABLE ORGANIZATIONS</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>91 TOLL GATE ROAD, SUITE 300</u>		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02886</u>	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>ALAN G. ZARTARIAN</u>		Vice-President Name <u>K. KENNETH BOGOSIAN</u>	
Street Address <u>25 CRICKETT CIRCLE</u>		Street Address <u>172 OLDE MILL LANE</u>	
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>NORTH KINGSTOWN</u>
			State <u>RI</u>
			Zip <u>02852</u>
Secretary Name <u>KENNETH R. MINASIAN</u>		Treasurer Name <u>ALAN G. ZARTARIAN</u>	
Street Address <u>6 MAPLEWOOD DRIVE</u>		Street Address <u>25 CRICKETT CIR</u>	
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>EAST GREENWICH</u>
			State <u>RI</u>
			Zip <u>02818</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>ALAN G. ZARTARIAN</u>		Director Name <u>K. KENNETH BOGOSIAN</u>	
Street Address <u>25 CRICKETT CIRCLE</u>		Street Address <u>172 OLDE MILL LANE</u>	
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>NORTH KINGSTOWN</u>
			State <u>RI</u>
			Zip <u>02852</u>
Director Name <u>KENNETH R. MINASIAN</u>		Director Name	
Street Address <u>6 MAPLEWOOD DRIVE</u>		Street Address	
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City
			State
			Zip
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.			
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>ALAN G. ZARTARIAN</u>			Date <u>4-3-24</u>
Signature of Officer/Authorized Representative <u>Alan G. Zartarian</u>			

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