

FILED

State of Rhode Island  
Department of State - Business Services DivisionMAR 21 2025  
BY Annual Report for the year: 2025  
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 ARMAT 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ALAN G. ZARTARIAN</u>		Vice-President Name <u>K. KENNETH BOGOSIAN</u>	
Street Address <u>25 CRICKET CIRCLE</u>		Street Address <u>172 OLDE MILL LANE</u>	
City <u>EAST GREENWICH</u>	State <u>RI</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
Zip <u>02818</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 CRICKET CIRCLE</u>	
City <u>LINCOLN</u>	State <u>RI</u>	City <u>EAST GREENWICH</u>	State <u>RI</u>
Zip <u>02865</u>		Zip <u>02818</u>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>ALAN G. ZARTARIAN</u>		Director Name <u>K. KENNETH BOGOSIAN</u>	
Street Address <u>25 CRICKET CIRCLE</u>		Street Address <u>172 OLDE MILL LANE</u>	
City <u>EAST GREENWICH</u>	State <u>RI</u>	City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
Zip <u>02818</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>	City	State
Zip <u>02865</u>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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>3-18-25</u>
Signature of Officer/Authorized Representative 			

## MAIL TO:

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov