



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 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 000091572		2. Exact name of the Corporation THE ARMAT ASSOCIATION, INC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ORGANIZE AND RUN A GOLF TOURNAMENT WITH ALL NET PROCEEDS DONATED TO VARIOUS ARMENIAN CHARITABLE ORGANIZATIONS	
4. NAICS Code 813219			
6. Principal Office Address 91 TOLL GATE ROAD, SUITE 300		City WARWICK	State RI
		Zip 02886	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ALAN G. ZARTARIAN		Vice-President Name K. KENNETH BOGOSIAN	
Street Address 25 CRICKETT CIRCLE		Street Address 172 OLDE MILL LANE	
City EAST GREENWICH	State RI	Zip 02818	City NORTH KINGSTOWN
			State RI
			Zip 02852
Secretary Name KENNETH R. MINASIAN		Treasurer Name ALAN G. ZARTARIAN	
Street Address 6 MAPLEWOOD DRIVE		Street Address 25 CRICKETT CIRCLE	
City LINCOLN	State RI	Zip 02865	City EAST GREENWICH
			State RI
			Zip 02818
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 ALAN G. ZARTARIAN		Director Name K. KENNETH BOGOSIAN	
Street Address 25 CRICKETT CIRCLE		Street Address 172 OLDE MILL LANE	
City EAST GREENWICH	State RI	Zip 02818	City NORTH KINGSTOWN
			State RI
			Zip 02852
Director Name KENNETH R. MINASIAN		Director Name	
Street Address 6 MAPLEWOOD DRIVE		Street Address	
City LINCOLN	State RI	Zip 02865	City
			State
			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 ALAN G. ZARTARIAN			Date 3-18-25
Signature of Officer/Authorized Representative Alan G. Zartarian			

MAIL TO:

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