



State of Rhode Island

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.

STAMP
 JUN 10 2021
 BY 3475

1. Entity ID Number <u>00026314</u>		2. Exact name of the Corporation <u>DORIC ASSOCIATION</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>FRATERNAL ORGANIZATION</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>1237 RESERVOIR AVENUE</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 <input type="checkbox"/>					
President Name <u>DAVID R. DESPLAINES</u>			Vice-President Name <u>JOSHUA EDWARDS</u>		
Street Address <u>75 AVENUE C.</u>			Street Address <u>34 FAUBOURT STREET</u>		
City <u>WUNSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
Secretary Name <u>ROBERT J. KEMPF</u>			Treasurer Name <u>JAMES R. RAYSON</u>		
Street Address <u>222 WARRINGTON STREET</u>			Street Address <u>244 PARK VIEW AVENUE</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
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 <u>ARMEN AVAGYAN</u>			Director Name <u>BERNARD HANDLER</u>		
Street Address <u>1 LONG STREET</u>			Street Address <u>75 OAKLAWN AVE APT. 3305</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>
Director Name <u>ENRIQUE DIACAP</u>			Director Name		
Street Address <u>57 EUSTON AVENUE</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <u>JAMES R. RAYSON TREASURER</u>				Date <u>6-4-21</u>	
Signature of Officer/Authorized Representative <u>James R. Rayson</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