



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

FILED

JAN 26 2022

BY

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

[Handwritten signature]

1. Entity ID Number 000026314		2. Exact name of the Corporation IORIC ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FRATERNAL ORGANIZATION			
4. NAICS Code 813110					
6. Principal Office Address 1237 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID R. DESPLAINES		Vice-President Name JOSHUA EDWARDS			
Street Address 75 AVENUE C.		Street Address 34 FAZBOUT STREET			
City WUNSOCKET	State RI	Zip 02895	City WARWICK	State RI	Zip 02889
Secretary Name ROBERT J. KEMPF		Treasurer Name JAMES R. RAPSON			
Street Address 222 WARRINGTON STREET		Street Address 244 PARK VIEW AVENUE			
City PROVIDENCE	State RI	Zip 02907	City WARWICK	State RI	Zip 02888
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 ARMEN AVAGYAN		Director Name BENJAMIN HANDLER			
Street Address 1 LONG STREET		Street Address 75 OAKLAWN AVE APT. 3305			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name ENRIQUE DIACAP		Director Name			
Street Address 57 EUSTON AVENUE		Street Address			
City CRANSTON	State RI	Zip 02905	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 JAMES R. RAPSON			Title TREASURER		
Signature of Officer/Authorized Representative <i>[Handwritten signature]</i>					