



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000020484

2. Name of Corporation Armenian Relief Society of Eastern U.S.A., Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 80 BIGELOW AVENUE, SUITE 200

City or Town: WATERTOWN, MA

State: RI Zip: 02472 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

SOCIAL, EDUCATIONAL, HEALTH AND WELFARE EFFORTS OF THE ARMENIAN PEOPLE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANNIE ATTAR	30978 PINE CONE DRIVE FARMINGTON HILLS, MI 48331 USA
TREASURER	TALINE MKRTSCHJAN	99 DELLWOOD RD CRANSTON, RI 02920 USA
SECRETARY	MELISSA SIMONIAN	5 RIVER ROAD N. PROVIDENCE, RI 02904 USA
VICE PRESIDENT	SEVAN KOLEJIAN	24 LEA POND COURT

		MONTGOMERY VILLAGE, MD 20886 USA
DIRECTOR	VALENTINE BERBERIAN	71-12 HARROW ST FOREST HILLS, NY 11375 USA
DIRECTOR	SILVA BEDIAN	12 WEST BUR OAK DR ARLINGTON HEIGHTS, IL 60004 USA
DIRECTOR	SEVAN KOLEJIAN	24 LEA POND COURT SUITE 200 MONTGOMERY VILLAGE, MD 20886 USA
DIRECTOR	MARGARET MEDINNA	593 BOGERT ROAD RIVER EDGE, NJ 07661 USA
DIRECTOR	MELISSA SIMONIAN	5 RIVER ROAD N. PROVIDENCE, RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of June, 2015 at 5:57:32 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By RYAN NELSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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