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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation
26678	ARMENIAN MARTYRS' MEMORIAL ORGANIZATION, Inc
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Remember AND Commemorate the memory of the MARTYRS' AND SURVIVORS OF the 1915 ARMENIAN Genocide

5. Principal office address	City	State	Zip
29 Plymouth Road	NO. PROVIDENCE	RI	02904

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
STEVEN ZAROOGIAN	TERRANCE S. MARTIROSIAN
Street Address	**Street Address**
9 MALLARD WAY	83 PRESIDENT AVE
City / State / Zip	**City / State / Zip**
E. GREENWICH / RI / 02818	PROVIDENCE / RI / 02906
Secretary Name	**Treasurer Name**
MALCOLM VARADIAN	JOYCE YEREMIAN
Street Address	**Street Address**
100 PRESTON DRIVE	29 PLymouth Rd
City / State / Zip	**City / State / Zip**
CRANSTON / RI / 02910	NO. PROVIDENCE / RI / 02904

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Kenneth KALAJIAN	ARTHUR VENTRONE
Street Address	**Street Address**
165 Chestnut DRIVE	15 MARIE DRIVE
City / State / Zip	**City / State / Zip**
E. GREENWICH / RI / 02818	COVENTRY / RI / 02816
Director Name	**Director Name**
ROXANNE Phillips	MELANIE ZEITOUNIAN
Street Address	**Street Address**
139 LAWRENCE STREET	7 Locust GLEN Court
City / State / Zip	**City / State / Zip**
CRANSTON / RI / 02920	CRANSTON / RI / 02921

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Joyce Yeremian 6-17-15
Signature of Officer **Date**

JOYCE YEREMIAN
Print or Type Name of Officer

TREASURER
Title of Officer

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 19 2015
BY 1273

Form No. 631
Revised: 05/2012

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