



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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. 000094378		2. Exact name of the Corporation ARMENIAN MUSIC FESTIVAL OF RHODE ISLAND, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROMOTE COMMUNITY ARTS AND EDUCATION OF ARMENIAN CULTURE.			
5. Principal office address 120 BOLTON AVENUE			City PROVIDENCE	State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KONSTANTIN PETROSSIAN			Vice-President Name JANNA GUEGAMIAN		
Street Address 120 BOLTON AVENUE			Street Address 120 BOLTON AVENUE		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name ARPIE SHIRAGIAN			Treasurer Name ELIZA SUVAJIAN		
Street Address 201 VARNUM ROAD			Street Address 31 MOUNT VIEW ROAD		
City EAST GREENWICH	State RI	Zip 02818	City PORTSMOUTH	State RI	Zip 02871
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KONSTANTIN PETROSSIAN			Director Name JANNA GUEGAMIAN		
Street Address 120 BOLTON AVENUE			Street Address 120 BOLTON AVENUE		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Director Name ARPIE SHIRAGIAN			Director Name ELIZA SUVAJIAN		
Street Address 201 VARNUM ROAD			Street Address 31 MOUNT VIEW ROAD		
City EAST GREENWICH	State RI	Zip 02818	City PORTSMOUTH	State RI	Zip 02871
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

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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.

FILED

JUN 17 2016

Konstantin Petrossian

06/15/2016

Signature of Officer or Authorized Representative

Date

KONSTANTIN PETROSSIAN

Print or Type Name of Officer or Authorized Representative

A.A.