



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: **2018**
 Non-Profit Corporation

JUN 07 2018

BY 1423

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

1. Entity ID Number 165049		2. Exact name of the Corporation Armenian cultural association of america ,inc			
3. State of Incorporation MA		5. Brief description of the character of business conducted in Rhode Island TO ASSIST AND SUPPORT ARMENIAN EDUCATION AND CULTURE .TO PROMOTE HERITAGE.			
4. NAICS Code 813319 - Other Social Advocac:					
6. Principal Office Address 7 ARMENIA STREET		City PROVIDENCE		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HAGOP G DONOYAN			Vice-President Name PAUL HAROIAN		
Street Address 34 DELLWOOD ROAD			Street Address 40 HARWOOD STREET		
City CRANSTON		State RI	Zip 02920	City CRANSTON	
				State RI	
				Zip 02910	
Secretary Name SARKIS VARADIAN			Treasurer Name MELISSA DANIELIAN		
Street Address 1890 BROAD STREET #211			Street Address 200 CALAMAN ROAD		
City CEANSTON		State RI	Zip 02905	City CRANSTON	
				State RI	
				Zip 02910	
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 HAGOP G DONOYAN			Director Name PAUL HAROIAN		
Street Address 34 DELLWOOD ROAD			Street Address 40 HARWOOD STREET		
City CRANSTON		State RI	Zip 02920	City CRANSTON	
				State RI	
				Zip 02910	
Director Name SARKIS VARADIAN			Director Name MELISSA DANIELIAN		
Street Address 1890 BROAD STREET#211			Street Address 200 CALAMAN ROAD		
City CRANSTON		State RI	Zip 02905	City CRANSTON	
				State RI	
				Zip 02910	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative HAGOP G DANOYAN				Date 5/12/2018	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov