



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

Annual Report for the year: **2019**

Non-Profit Corporation

→ Filing period: June 1 - June 30

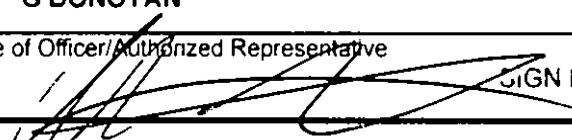
→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 20 2019

BY

1. Entity ID Number 165049		2. Exact name of the Corporation Armenian Cultural Association of America ,inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ASSIST AND SUPPORT ARMENIAN EDUCATION AND CULTUR.TO PROMOTE HERITAGE.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 7 AARMENIA STREET		City PROVIDENCE		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name HAGOP G DONOYAN			Vice-President Name PAUL HAROIAN		
Street Address 34 DELLWOOD ROD			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			Street Address 200 CALAMAN ROAD		
City CRANSTON	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 ☐					
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			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 DONOYAN					Date 5/17/2019
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

FORM 631 - Revised: 03/2019