



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

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 SECRETARY OF STATE
 CORPORATIONS STATE
 2019 JUL 29 3 15 PM

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.

1. Entity ID Number 99785		2. Exact name of the Corporation Armenian Historical Association of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Cultural and historical preservation			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 245 Waterman Street, Suite 204			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Ramon Zorabedian			Vice-President Name Martha Jamgochian		
Street Address 40 Hamilton Drive			Street Address 4 Rollingwood Drive		
City East Greenwich	State RI	Zip 02818	City Lincoln	State RI	Zip 02865
Secretary Name Susan Chackmakian			Treasurer Name Mara Derderian		
Street Address 38 Susan Drive			Street Address 80 Bow Street		
City Cranston	State RI	Zip 02920	City East Greenwich	State RI	Zip 02818
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 George Chakoian			Director Name Joyce Yeremian		
Street Address 11 Southwick Drive			Street Address 29 Plymouth Road		
City Lincoln	State RI	Zip 02865	City North Providence	State RI	Zip 02904
Director Name Varoujan Karentz			Director Name Ramon Zorabedian		
Street Address Two Clarke Village Lane			Street Address 40 Hamilton Drive		
City Jamestown	State RI	Zip 02835	City East Greenwich	State RI	Zip 02818
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 RAMON ZORABEDIAN, CHAIR					Date 7/27/19
Signature of Officer/Authorized Representative <i>Ramon Zorabedian</i>					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

JUL 29 2019

BY 1504