



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.

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|--|-----------------|--|--|--------------------|------------------------|
| 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 |

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