

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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2019 JUL 29 PH 1: 15	

1. Entity ID Number	2. Exact name of the Corporation						
99785	Armenia	Armenian Historical Association of Rhode Island					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Cultural and historical preservation						
4. NAICS Code	7						
813319 - Other Social Advoc							
6. Principal Office Address	Principal Office Address			State	Žip		
245 Waterman Street, Suite 204		Providence	RI	02906			
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
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					
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							
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 Islan	nd. This information	is currently of record	I 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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative RAMON ZORABEDIAN, CHAIR			7/27/19	P/37/19			
Signature of Officer/Authorized Representative Ranne Zora Ledian SIGN DOCUMENFILLED							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

JUL 29 2019

