



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 21 A 11:30

- 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 000094378		2. Exact name of the Corporation ARMENIAN Music Festival of Rhode Island, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote Community Arts and Education of Armenian Culture	
4. NAICS Code 813990 other similar organization			
6. Principal Office Address 120 Bolton Avenue		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KONSTANTIN PETROSSIAN		Vice-President Name JANNA GUEGAMIAN	
Street Address 120 Bolton Avenue		Street Address 120 Bolton Avenue	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name MARI PANOSIAN		Treasurer Name ELIZA SUVAJIAN	
Street Address 20 OAKLAWN MANOR Drive		Street Address 310 North County Club Drive	
City CRANSTON	State RI	City WARWICK	State RI
Zip 02920		Zip 02888	
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 KONSTANTIN PETROSSIAN		Director Name JANNA GUEGAMIAN	
Street Address 120 Bolton Avenue		Street Address 120 Bolton Avenue	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name MARI PANOSIAN		Director Name ELIZA SUVAJIAN	
Street Address 20 OAKLAWN MANOR Drive		Street Address 310 North County Club Drive	
City CRANSTON	State RI	City WARWICK	State RI
Zip 02920		Zip 02888	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative KONSTANTIN PETROSSIAN		Date 05/17/2021	
Signature of Officer/Authorized Representative <i>Kitten</i>		FILED <i>ac</i>	

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

MAY 21 2021
BY ca 9BVPA
11:30 FORM 631 - Revised: 08/2020