



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

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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>KITTEW</i> | | | FILED |

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

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FORM 631 - Revised: 08/2020