RI SOS Filing Number: 202198472980 Date: 6/21/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

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	2. Exact name of the Corporation
26678	ARMENIAN MARTYRS' MEMORIAL ORGANIZATION INC
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Remember and Commemorate the memory of the MARTYRS AND SURVIVORS OF THE 1915 ARMENIAN GENOCIDE
4. NAICS Code	
813311	

6. Principal Office Address	City	State	Zip
79 Plymouth Road	N. Providence	RI	02904

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
STEVEN ZAROOGIAN	TERRANCE S. MARTIROSIAN
Street Address: 211 SAUGA AVENUE	Street Address: 83 PRESIDENT AVENUE
City: NO. Kingston; State: RI; Zip: 02852	City: PROVIDENCE; State: RI; Zip: 02906
Secretary Name	**Treasurer Name**
MALCOLM G. VARADIAN	JOYCE YEREMIAN
Street Address: 100 PRESTON DRIVE	Street Address: 79 Plymouth rd.
City: CRANSTON; State: RI; Zip: 02910	City: NO. PROVIDENCE; State: RI; Zip: 02904

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Director Name
KENNETH C. KAZAZIAN	ROXANNE PHILLIPS
Street Address: 165 CHESTNUT DRIVE	Street Address: 139 LAWRENCE STREET
City: EAST GREENWICH; State: RI; Zip: 02818	City: CRANSTON; State: RI; Zip: 02920
Director Name	**Director Name**
ARTHUR VENTRONE	MELANIE ZEITOUNIAN
Street Address: 15 MARIE DRIVE	Street Address: 7 LOCUST GLEN COURT
City: COVENTRY; State: RI; Zip: 02816	City: CRANSTON; State: RI; Zip: 02921

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.

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	Date
JOYCE YEREMIAN	JUNE 17, 2021

Signature of Officer/Authorized Representative: Joyce Yeremian

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11:10

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

FORM 631 - Revised: 03/2019