State of Rhode Island and Providence Plantations  Department of State - Business Services Division					
Annual Report for the year: Non-Profit Corporation	2021				
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by July 30.			RECEIV R.I. DEPT. OF BUS SVC	STATE
1. Entity ID Number	2. Exact name of the C	Corporation		ZOZI JUN Z I	A II: IU
26478			atyrs' MEMORIA	1 ORGANI	ZATION IN
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhole ISZANO	Remember and Commemorate the memory of the				
4. NAICS Code 8 13311	Remember and Commemorate the memory of the MARTHES AND SURVIVORS OF the 1915 ARMENIAN GENOCIOE				
6. Principal Office Address			City	State	Zip
79 PLY moy fl			N. PROVIDENCE	R上	02904
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name STEVEN ZAROOGIÁN			Vice-President Name  TERRANCE S. MARTIESIAN		
Street Address 211 SAUGA AVENUE			Street Address 83 PRESIDENT AVENUE		
city NU. Kingston	State Zip	2852		State & I	Zip 02 906
Secretary Name MALCOLM G. VARADIÁN			Treasurer Name JUYCE YEREMIAN		
Street Address 100 PRESTON DRIVE			Street Address 79 Ply mouth nd.		
CRANStin	State Zip 07	910	City NO. PROVIDENCE		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 KENNETH C. KALATIAN			Director Name ROXANNE 17HILLIPS		
Street Address 16 S CHEST NUT DRIVE			Street Address 139 LAWRENCE STREET		
CHY EAST GREENWG	State Zip	2818	City CRANSton	State 7	Zip 07920
			Director Name	EITOUNI	
Street Address 15 MARIE YORIVE			Street Address 7 LOCUST G-LEN COURT		
	State Zip U 2	-816	cityenanston		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	
JUYCE YEX	REMININ		JUNE 1	7,2021	
Signature of Officer/Authorized Representative					
- Ju n	Clemipo		- FILED		<del> </del>

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: 03/2019