



State of Rhode Island
Department of State - Business Services Division

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2023 MAY 22 A 10:17

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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					
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 LISA BILODEAU		
Street Address 120 BOLTON AVENUE			Street Address 186 SAUGA AVENUE		
City PROVIDENCE	State RI	Zip 02908	City NORTH KINGSTOW	State RI	Zip 02852
Secretary Name MARI PANOSIAN			Treasurer Name JANNA GUEGAMIAN		
Street Address 20 OAKLAWN MANOR DRIVE			Street Address 120 BOLTON AVENUE		
City CRANSTON	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02908
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 LISA BILODEAU		
Street Address 120 BOLTON AVENUE			Street Address 186 SAUGA AVENUE		
City PROVIDENCE	State RI	Zip 02908	City NORTH KINGSTOW	State RI	Zip 02852
Director Name MARI PANOSIAN			Director Name JANNA GUEGAMIAN		
Street Address 20 OAKLAWN MANOR DRIVE			Street Address 120 BOLTON AVENUE		
City CRANSTON	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02908
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative KONSTANTIN PETROSSIAN				Date 05/12/2023	
Signature of Officer/Authorized Representative <i>K. Petrossian</i>				FILED MAY 22 2023	

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

BY *[Signature]* 361