



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FEB 06 2024

107

2

1. Entity ID Number 000026678		2. Exact name of the Corporation Armenian Martyr's Memorial Organization, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in 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 29 Plymouth Road			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Zaroogian			Vice-President Name Terrance Martiesian		
Street Address 211 Sauga Avenue			Street Address 83 President Avenue		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02906
Secretary Name Malcolm Varadian			Treasurer Name Gregory Yeremian		
Street Address 100 Preston Drive			Street Address 29 Plymouth Road		
City Cranston	State RI	Zip 02910	City North 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 <input checked="" type="checkbox"/>					
Director Name Susan Chakmakian			Director Name Kenneth Kalajian		
Street Address 30 Susan Drive			Street Address 165 Chestnut Drive		
City Cranston	State RI	Zip 02920	City East Greenwich	State RI	Zip 02818
Director Name Roxanne Phillips			Director Name Arthur Ventrone		
Street Address 139 Lawrence Street			Street Address 15 Marie Drive		
City Cranston	State RI	Zip 02920	City Coventry	State RI	Zip 02816
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 Gregory Yeremian				Date 2-2-24	
Signature of Officer/Authorized Representative 					

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

Entity ID Number 000026678

Director Name: Melanie Zeitounian

Street Address: 7 Locust Glen Court

City: Cranston

State: RI

Zip: 02921