



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000798789

**2. Name of Corporation** Armenian Youth Federation - Youth Organization of the Armenian Revolutionary Federation - Eastern USA, Inc.

**3. State of Incorporation**

State: MA

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813110

**4. Principal Office Address**

No. and Street: 7 ARMENIA STREET

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ORGANIZE NURTURE AND EDUCATE YOUTH IN THE SPIRIT INVOKED BY THE IDEALS OF A UNITED FREE AND INDEPENDENT ARMENIA

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HAGOP TARAKSIAN	100 MIDVALE AVE CRABSTON, RI 02920 USA
DIRECTOR	ANI ARAKELIAN	45 HARVARD COURT CRANSTON, RI 02920 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LENA MINASSIAN 7 ARMENIA STREET PROVIDENCE , RI 02909

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of May, 2024 at 10:33:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By NERSES DONOYAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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