



RI Filing Number: 202218514430 Date: 6/13/2022 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

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- 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 000030891		2. Exact name of the Corporation Sts. Sahag & Mesrob Armenian Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Church			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 70 Jefferson Street		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: Rev. Fr. Shnork Souin			Vice-President Name: Martin Papazian- Vice Chair, Parish C.		
Street Address: 70 Jefferson Street			Street Address: 3 Christopher Drive		
City: Providence	State: RI	Zip: 02908	City: Lincoln	State: RI	Zip: 02865
Secretary Name: Doroth Martiesian			Treasurer Name: Jeff Boghossian		
Street Address: 83 President Ave			Street Address: 45 Mount View Drive		
City: Providence	State: RI	Zip: 02906	City: Cranston	State: RI	Zip: 02920
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: John Megrdochian-Chairman-Parish Coun.			Director Name: Art Yarumian-Assistant Treasurer		
Street Address: 25 Herod Street			Street Address: 22 Juniper Hill Drive		
City: Providence	State: RI	Zip: 02920	City: Coventry	State: RI	Zip: 02816
Director Name: Gary Nahabedian			Director Name: Naomi Marsh		
Street Address: 38 Marconi Street			Street Address: 75 Mollie Drive		
City: North Providence	State: RI	Zip: 02904	City: Cranston	State: RI	Zip: 02921
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 John Megrdochian				Date 5/22/22	
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.n.gov