



State of Rhode Island
Department of State - Business Services Division

FILED

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.

FEB 07 2023
 BY 2409

1. Entity ID Number <u>0030891</u>		2. Exact Name of the Corporation <u>Saints Sahag & Mesrob Armenian Church</u>	
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 <input type="checkbox"/>			
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 <u>Rev, Father Shnork Souin</u>		Vice-President Name <u>Martin Papazian-Vice Chair</u>	
Street Address <u>70 Jefferson Street</u>		Street Address <u>3 Christopher Drive</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Lincoln</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02865</u>	
Secretary Name <u>Dorothy Martiesian</u>		Treasurer Name <u>Jeff Boghossian</u>	
Street Address <u>83 President Ave</u>		Street Address <u>45 Mount View Drive</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02920</u>	
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 <u>John Megrdichian-Chairman Parish Council</u>		Director Name <u>Art Yarumian</u>	
Street Address <u>25 Herod Street</u>		Street Address <u>22 Juniper Hill Drive</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02816</u>	
Director Name <u>Gary Nahabedian</u>		Director Name <u>Namoi Marsh</u>	
Street Address <u>38 Marconi Street</u>		Street Address <u>75 Mollie Drive</u>	
City <u>North Providence</u>	State <u>RI</u>	City <u>Cranstpn</u>	State <u>RI</u>
Zip <u>02902</u>		Zip <u>02921</u>	
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 <u>JOHN M. MEGRDICHIAN</u>			Date <u>1/29/23</u>
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