



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. <u>117387</u>		2. Name of Corporation <u>City Sail Inc.</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Corporate address in Rhode Island - Street Address <u>45 Durham Street</u>	
		City <u>Prov.</u>	Zip <u>02908</u>
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Boat building and sailing program for inner-city youth.</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Ken Ayvassian</u>		Vice President Name <u>Richard Louardo</u>	
Street Address <u>51 Lexington Ave</u>		Street Address <u>5 Peter St.</u>	
City <u>N. Prov</u>	State <u>R.I.</u>	City <u>Prov</u>	State <u>R.I.</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name <u>Michael Baccari</u>		Treasurer Name <u>Also Mike Baccari</u>	
Street Address <u>61 Session St.</u>		Street Address <u>61 Session St</u>	
City <u>Prov</u>	State <u>R.I.</u>	City <u>Prov</u>	State <u>R.I.</u>
Zip <u>02906</u>		Zip <u>02906</u>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <u>Patricia Reilly</u>		Director Name <u>Debbie Azar</u>	
Street Address <u>59 Roslyn Ave</u>		Street Address <u>809 River Ave</u>	
City <u>Prov</u>	State <u>R.I.</u>	City <u>Prov</u>	State <u>R.I.</u>
Zip <u>02908</u>		Zip <u>02908</u>	
Director Name <u>Newell Roberts</u>		Director Name	
Street Address <u>189 Hazard Rd.</u>		Street Address	
City <u>W. Greenwich</u>	State <u>R.I.</u>	City	State
Zip <u>02817</u>		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <u>Henry Marcaric</u>		Address <u>45 Durham St.</u>	
Address <u>45 Durham St.</u>		City <u>Prov</u>	Zip <u>02908</u>

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Kenneth Ayvassian June 27, 2008
Signature of Officer Date

Kenneth Ayvassian
Print or Type Name of Officer

President
Title of Officer

FILED	
File Date	<u>JUL 01 2008</u>
Check No.	<u>34 1992</u>
By:	
FOR SECRETARY OF STATE USE ONLY	