

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $\frac{2o/4}{}$

Filing Period: June 1 - June 30 · This Filing Fee: \$20.00 · FAILURE TO FILI			4 \$25.00 PENALTY	FEE.
Entity ID No. 2. Exact name	e of the Corporation			
117387	City SA	Inc.		
Rhode Island 4. Brief description Boat	ption of the character of building Hunc	f business conducted in Rhode Is 5 acting 14 Struce	sland trool for ig	with
i. Principal office address 45 Durhum Stree		City I dence	State // I	Zip O2905
LIST <u>ALL</u> OFFICERS (NAMES AND ADDRE	SSES) ("X" BOX FOR			
resident Name		Vice-President Name		
Ken Harassilin Street Address		Street Address		
51 Lexinaten AUP		5. Peter St.		
ity // State 2	Zip	City C	State	Zip
North Providence 11-7	02904	Treasurer Name	1/1.7	02904
MICHAEL BACCAYI MICHAEL BACCAYI MICHAEL BACCAYI				
treet Address	Street Address			
61 Session St		61 3	(CSS/CA) S. State	7
ity Prw State	Zip 02906	City Prov.	State // Z	Zip C 2906
LIST <u>ALL</u> DIRECTORS (NAMES AND ADDR ("X" BOX FOR ATTACHMENT)	ESSES). RHODE ISLA	AND CORPORATIONS MUST L	IST NO LESS THAN	THREE (3) DIRECTORS
PATRICIA Reilly		Director Name Dehbit AZAV		
treet Address Bosly N Ave.	·	Street Address	ver Ave	:
ity Prov State	Zip (12.408	City	State	Zip 02905
irector Name		Director Name		
Newell Kobarts Street Address		Street Address		
189 HAZAVA Rd.		Stroot riddroos		
ity 1 State	Zip	City	State	Zip
W. Green WICH ML REGISTERED AGENT IN RHODE ISLAND	028/7	1 MArciano	A 110° N. 1	on SY Paul O.
nis information is currently of record in the	Diffice of the Secretary	of State. Changes require filir	ng Form 641.	an 37 /11/11/ 0.
is report must be signed by either the Presiden Trustee				epresentative, Receiver
File Date	FILED	Under penalty of perjury this report, including an and that all statements.	y accompanying sch	edules and statements,
Check No JUN	0 2 2014	α	40	
By:	۸ - ۸	Signature of Officer or Au	thorized Representation	ne Date
FOR SECRETARY OF STATE USE ONLY	1220	Jupiature of Officer of Au		- Date

Print or Type Name of Officer or Authorized Representative