



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

Non-Profit Corporation

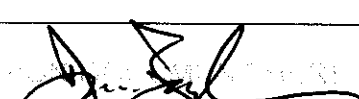
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000145730		2. Exact name of the Corporation Sayles Avenue Condominium Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Administering, regulating, operating and maintaining the property of the Association <input checked="" type="checkbox"/>			
5. Principal Office Address 389 Sayles Avenue		City Pascoag	State RI	Zip 02859	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Bolender			Vice-President Name Jenny Abatiell		
Street Address 389 Sayles Avenue			Street Address 21 Purchase Street		
City Pascoag	State RI	Zip 02859	City Newburyport	State MA	Zip 01950
Secretary Name Jenny Abatiell			Treasurer Name David Bolender		
Street Address 21 Purchase Street			Street Address 389 Sayles Avenue		
City Newburyport	State MA	Zip 01950	City Pascoag	State RI	Zip 02859
7. 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 David Bolender			Director Name Jenny Abatiell		
Street Address 389 Sayles Avenue			Street Address 21 Purchase Street		
City Pascoag	State RI	Zip 02859	City Newburyport	State MA	Zip 01950
Director Name Marc Abatiell			Director Name		
Street Address 21 Purchase Street			Street Address		
City Newburyport	State MA	Zip 01950	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 631.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative David Bolender				Date August 8, 2014	
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

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FILED

OCT 03 2016

BY  0285026

FORM 631 - Revised: 05/2016