



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

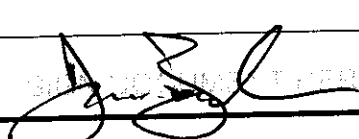
Annual Report for the year: 2013

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 <b>000145730</b>		2. Exact name of the Corporation <b>Sayles Avenue Condominium Association, Inc.</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Administering, regulating, operating and maintaining the property of the Association</b> <input checked="" type="checkbox"/>	
5. Principal Office Address <b>389 Sayles Avenue</b>		City <b>Pascoag</b>	State <b>RI</b>
		Zip <b>02859</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>David Bolender</b>		Vice-President Name <b>Jenny Abatiell</b>	
Street Address <b>389 Sayles Avenue</b>		Street Address <b>21 Purchase Street</b>	
City <b>Pascoag</b>	State <b>RI</b>	City <b>Newburyport</b>	State <b>MA</b>
Zip <b>02859</b>		Zip <b>01950</b>	
Secretary Name <b>Jenny Abatiell</b>		Treasurer Name <b>David Bolender</b>	
Street Address <b>21 Purchase Street</b>		Street Address <b>389 Sayles Avenue</b>	
City <b>Newburyport</b>	State <b>MA</b>	City <b>Pascoag</b>	State <b>RI</b>
Zip <b>01950</b>		Zip <b>02859</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>David Bolender</b>		Director Name <b>Jenny Abatiell</b>	
Street Address <b>389 Sayles Avenue</b>		Street Address <b>21 Purchase Street</b>	
City <b>Pascoag</b>	State <b>RI</b>	City <b>Newburyport</b>	State <b>MA</b>
Zip <b>02859</b>		Zip <b>01950</b>	
Director Name <b>Marc Abatiell</b>		Director Name	
Street Address <b>21 Purchase Street</b>		Street Address	
City <b>Newburyport</b>	State <b>MA</b>	City	State
Zip <b>01950</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>David Bolender</b>		Date <b>August 8, 2013</b>	
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](http://www.sos.ri.gov)

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OCT 03 2016

BY J. Bolender