



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

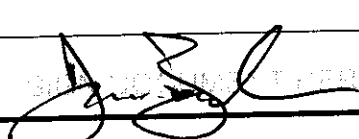
Annual Report for the year: 2013

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2016 SEP 23 AM 11:42

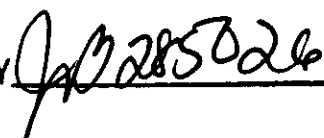
1. Entity ID Number 000145730		2. Exact name of the Corporation Sayles Avenue Condominium Association, Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Administering, regulating, operating and maintaining the property of the Association <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	City Newburyport	State MA
Zip 02859		Zip 01950	
Secretary Name Jenny Abatiell		Treasurer Name David Bolender	
Street Address 21 Purchase Street		Street Address 389 Sayles Avenue	
City Newburyport	State MA	City Pascoag	State RI
Zip 01950		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	City Newburyport	State MA
Zip 02859		Zip 01950	
Director Name Marc Abatiell		Director Name	
Street Address 21 Purchase Street		Street Address	
City Newburyport	State MA	City	State
Zip 01950		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<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 David Bolender		Date August 8, 2013	
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

12:42 FILED

OCT 03 2016

BY 

FORM 631 - Revised: 05/2016