



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

2016

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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BUS SVCS DIV
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1. Entity ID Number 185111		2. Exact name of the Corporation Saylesville Common Condominium Association	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To manage and maintain a Condominium Complex INC.	
5. Principal Office Address 10 Branch Ave		City Lincoln	State RI Zip 02865
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Edward K Sliney		Vice-President Name Tyler Sliney	
Street Address 10 Branch Ave.		Street Address Exeter Rd.	
City Lincoln	State RI	Zip 02865	City N. Kingston
Secretary Name Elizabeth Riel		Treasurer Name Edward K. Sliney	
Street Address 1 Timberland Dr.		Street Address 10 Branch Ave	
City Lincoln	State RI	Zip 02865	City Lincoln
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 Edward Sliney		Director Name Tyler Sliney	
Street Address 10 Branch Ave.		Street Address Exeter Rd.	
City Lincoln	State RI	Zip 02865	City N. Kingston
Director Name Elizabeth Riel		Director Name	
Street Address 1 Timberland Dr.		Street Address	
City Lincoln	State RI	Zip 02865	City
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.			
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 Edward K. Sliney			Date 3/13/17
Signature of Officer/Authorized Representative <i>Edward K. Sliney</i>			

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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BY *JP* 298356

FORM 631 - Revised: 02/2017