

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017

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.

2017 JUN -

RI SOS

1. Entity ID Number <b>117387</b>		2. Exact name of the Corporation <b>City Sail Inc.</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO serve AS A non-profit boat building and sail training program for youth, Adults, and other interested parties.</b>	
4. NAICS Code <b>611519</b>			
6. Principal Office Address <b>45 Durham St.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Ken Ayrassian</b>		Vice-President Name <b>Richard Leonardo</b>	
Street Address <b>51 Lexington Ave</b>		Street Address <b>5 Peter Street.</b>	
City <b>North Prov.</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>Michael Baccari</b>		Treasurer Name <b>Michael Baccari</b>	
Street Address <b>61 Session St.</b>		Street Address <b>61 Session St.</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
8. 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>Patricia Reilly</b>		Director Name <b>Debbie Azar</b>	
Street Address <b>51 Ralyn Ave.</b>		Street Address <b>809 River Ave.</b>	
City <b>Prov.</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02908</b>		Zip <b>02906</b>	
Director Name <b>Newell Roberts</b>		Director Name	
Street Address <b>189 Hazard Rd.</b>		Street Address	
City <b>W. Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02817</b>		Zip	
9. 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>			
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 <b>Kenneth Ayrassian</b>			Date <b>May 27, 2017</b>
Signature of Officer/Authorized Representative <b>Kenneth Ayrassian</b>			

**FILED**

JUN 01 2017

BY

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