	RI SOS Filing Number: 2	:00 PM				
•	State of Rhode Island and Provident Department of State - Bus	vision	FILED			
Q I	Annual Report for the year: Non-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20,00 → Penalty: Additional \$25,00 fee if form is not	MAY 2 9 2018				
ML	1. Entity ID Number 2. Exact name of the Corporation City SAI Inc. 3. State of Incorporation 5. Brief description of the character of business conducted in Rhode Island Rhode Island 7. Instruct youth how to build 4. NAICS Gode Sail botts					
	6. Principal Office Address 45 Durham Street	た 	City Providence	State		
	7. List ALL officers (names and addresses)		Check the box to indicate an			
	President Name Kenneth Hyrassian Street Address 51 Lexington Ave			Vice-President Name 19201 And Lou Ando		
				Street Address Peter St.		
	City North Praident State 19.	Zip	2 904	City Providence		
	Secretary Name MICHACI BACCAVI	<u> </u>	Treasurer Name Michael Baccavi			

8 List ALL directors (name	es and addresses) BLC	annestina MICTI	4-11	, , ,			
	es and addresses). Rf Ci	orporations MUST its	st at least THREE directors.	heck the box to indic	rate an attachment		
Director Name PA truc	cia Reilly		Director Name Newel Rubert				
Street Address	slyn Ave		Street Address 189 HAZAVO				
City Prov	State P.	Zip 02908	W. Green wich	State	Zip 028/		
Director Name Debbit	AZAY		Director Name				
Street Address	ise Ave.		Street Address				
City Prov.	State P.	Zip 02908	City	State	Zip		
9. Registered Agent in Rh	ode Island. This information	on is currently of record	in the Department of State, Changes				

Street Address

City

ES 10 N ST

9. Registered Agent in Knode 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

Signature of Officer/Authorized Representative

Keineth agraisean

SIGN DOCUMENT HERE

014, 22 20C

MAIL TO:

Street Address

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sas.ni.gov Zip

attachment

02904

Zip 2906