



State of Rhode Island
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000185111

2. Name of Corporation Saylesville Common Condominium Association, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 10 BRANCH AVENUE
City or Town: LINCOLN State: RI Zip: 02865 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE ADMINISTRATION, MAINTENANCE, REPAIR, REPLACEMENT, IMPROVEMENT AND OPERATION OF THE SAYLESVILLE COMMON CONDOMINIUM IN LINCOLN, RI

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDWARD K SLINEY	10 BRANCH AVENUE LINCOLN, RI 02865 USA

DIRECTOR	TYLER SLINEY	EXETER ROAD NORTH KINGSTOWN, RI 02854 USA
DIRECTOR	ELIZABETH KAY REIL	1 TIMBERLAND DR. LINCOLN, RI 02865 USA
DIRECTOR	LINDA GAIL SLINEY	10 BRANCH AVE LINCOLN, RI 02865 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

EDWARD K. SLINEY 10 BRANCH AVENUE LINCOLN , RI 02865

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of July, 2022 at 12:21:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDWARD SLINEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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