



Annual Report for the year: **2023**
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

STAMP
 JAN 26 2023
 2319 R

1. Entity ID Number 00117387		2. Exact name of the Corporation City SAIL Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To instruct youth how to build and sail boats	
4. NAICS Code 713990			
6. Principal Office Address 45 Durham St.		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Kenneth Ayrassian		Vice-President Name Richard Lombardi	
Street Address 51 Lexington Ave		Street Address 5 Peter St.	
City North Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Michael Buccari		Treasurer Name Michael Buccari	
Street Address 61 Session St.		Street Address 61 Session St.	
City Prov	State RI	City Prov	State RI
Zip 02906		Zip 02906	
8. 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 Patricia Reilly		Director Name Newel Roberts	
Street Address 59 Roslyn Ave		Street Address 189 Hazard Rd	
City Prov	State RI	City W. Greenwich	State RI
Zip 02908		Zip 02817	
Director Name Debbie Azar		Director Name	
Street Address 809 River Ave		Street Address	
City Prov	State RI	City	State
Zip 02908		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Charges 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.			
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Kenneth Ayrassian		Date Jan 23, 2023	
Signature of Officer/Authorized Representative Henry Marcantoni			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov