



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
 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.

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1. Entity ID Number 000145730		2. Exact name of the Corporation Sayles Avenue Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Administering, regulating, operating, and maintaing the property of the Association			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 389 Sayles Avenue			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) <input type="checkbox"/>					Check the box to indicate an attachment <input type="checkbox"/>
President Name David Bolender			Vice-President Name Raymond Nault		
Street Address 389 Sayles Avenue			Street Address 387 Sayles Avenue		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Dawn Nault			Treasurer Name David Bolender		
Street Address 387 Sayles Avenue			Street Address 389 Sayles Avenue		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/>					Check the box to indicate an attachment <input type="checkbox"/>
Director Name David Bolender			Director Name Raymond Nault		
Street Address 389 Sayles Avenue			Street Address 387 Sayles Avenue		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Dawn Nault			Director Name		
Street Address 387 Sayles Avenue			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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>					
<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 Raymond Nault				Date 3/29/23	
Signature of Officer/Authorized Representative X					

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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