



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Non-Profit Corporation

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

1. Entity ID Number <b>000117387</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 instruct youth how to build and sail boats</b>			
4. NAICS Code <b>715990</b>					
6. Principal Office Address <b>45 Durham Street</b>			City <b>Providence</b>	State <b>R.I.</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>Kenneth Ayrassian</b>			Vice-President Name <b>Richard Lonardo</b>		
Street Address <b>51 Lexington Ave</b>			Street Address <b>5 Peter Street</b>		
City <b>North Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>
Secretary Name <b>Michael Baccari</b>			Treasurer Name <b>Michael Baccari</b>		
Street Address <b>61 Session Street</b>			Street Address <b>61 Session Street</b>		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>R.I.</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>Newell Roberts</b>		
Street Address <b>59 Roslyn Ave,</b>			Street Address <b>189 Hazard Rd.</b>		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>West Greenwich</b>	State <b>R.I.</b>	Zip <b>02817</b>
Director Name <b>Debbie Azar</b>			Director Name		
Street Address <b>809 River Avenue</b>			Street Address		
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <i>Kenneth Ayrassian</i>					Date <i>Jan 25, 2024</i>
Signature of Officer/Authorized Representative <i>Henry [unclear]</i>					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov