



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 000117387		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 715990					
6. Principal Office Address 45 Durham Street			City Providence	State R.I.	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 Lonardo		
Street Address 51 Lexington Ave			Street Address 5 Peter Street		
City North Providence	State R.I.	Zip 02904	City Providence	State R.I.	Zip 02904
Secretary Name Michael Baccari			Treasurer Name Michael Baccari		
Street Address 61 Session Street			Street Address 61 Session Street		
City Providence	State R.I.	Zip 02906	City Providence	State R.I.	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 Newell Roberts		
Street Address 59 Roslyn Ave,			Street Address 189 Hazard Rd.		
City Providence	State R.I.	Zip 02908	City West Greenwich	State R.I.	Zip 02817
Director Name Debbie Azar			Director Name		
Street Address 809 River Avenue			Street Address		
City Providence	State R.I.	Zip 02908	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov