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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Corporation
000145730	Sayles Avenue Condominium Association, Inc.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Condominium Association
4. NAICS Code	
813910	

6. Principal Office Address	City	State	Zip
389 Sayles Ave.	Pascoag	R.I.	02859

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name	Vice-President Name
Kyle D. Weirdel	Juan Hernandez
Street Address	**Street Address**
387 Sayles Ave.	389 Sayles Ave.
City / State / Zip	**City / State / Zip**
Pascoag / R.I. / 02859	Pascoag / R.I. / 02859
Secretary Name	**Treasurer Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name	Director Name
Kyle D. Weirdel	Juan Hernandez
Street Address	**Street Address**
387 Sayles Ave.	389 Sayles Ave.
City / State / Zip	**City / State / Zip**
Pascoag / R.I. / 02859	Pascoag / R.I. / 02859
Director Name	**Director Name**
Joel Lardy II	
Street Address	**Street Address**
Swamp Rolfe Rd.	
City / State / Zip	**City / State / Zip**
Lincoln / R.I. / 02865	

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.

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

Name of Officer/Authorized Representative	Date
Joel D. Lardy II	7/26/24

Signature of Officer/Authorized Representative

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

VR FILED 420
JUL 26 2024
BY 10842

FORM 631- Revised: 04/2023