



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000152495

2. Name of Corporation Captain's Overlook Condominium Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 145 SMITHFIELD ROAD

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ACT AS A CONDOMINIUM ASSOCIATION FOR THE CAPTAIN'S OVERLOOK
CONDOMINIUM

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CATHLEANN SPACONE	145 SMITHFIELD ROAD, UNIT J NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ASHLEY GANNON	145 SMITHFIELD ROAD, UNIT B NORTH PROVIDENCE, RI 02904 USA

DIRECTOR	BARBARA QUATTROCCHI	36 ROGER WILLIAMS DRIVE GREENVILLE, RI 02828 USA
DIRECTOR	JILL VOTTA	900 SMITH ST. PROVIDENCE, RI 02908 USA
DIRECTOR	SCOTT SHORE	145 SMITHFIELD ROAD, UNIT N NORTH PROVIDENCE, RI 02904 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KAREN MAW 121 PHENIX AVENUE CRANSTON , RI 02920

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 21 Day of May, 2013 at 4:44:07 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CATHLEANN SPACONE

Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations
All Rights Reserved