



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:** 2014

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN GATEMAN	18 STURBRIDGE AVENUE GREENVILLE, RI 02828 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, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of June, 2014 at 6:00:52 PM by the authorized person.** *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 company, 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 KAREN MAW  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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