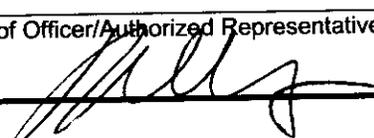




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 326764		2. Exact name of the Corporation Napatree Point A Condominium Association, Inc, I			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condominium Association			
5. Principal Office Address c/o Attorney Vincent Naccarato, 96 Franklin Street			City Westerly	State RI	Zip 02891
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Duff			Vice-President Name Jody DelMastro		
Street Address 38 Olander Lane			Street Address 96 Colton Road		
City Middletown	State CT	Zip 06457	City Glastonbury	State CT	Zip 06033
Secretary Name Serene O'Connor			Treasurer Name		
Street Address 190 Watch Hill Road			Street Address		
City Watch Hill	State RI	Zip 02891	City	State	Zip
7. 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 Steven Duff			Director Name Jody DelMastro		
Street Address 38 Olander Lane			Street Address 96 Colton Road		
City Middletown	State CT	Zip 06457	City Glastonbury,	State CT	Zip 06033
Director Name Serene O'Connor			Director Name		
Street Address 190 Watch Hill Road			Street Address		
City Watch Hill	State RI	Zip 02891	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Russell Waldo				Date June 16, 2016	
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

FILED *or*

JUN 20 2016

BY 1283