RI SOS Filing Number: 202198720540 Date: 6/28/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: Non-Profit Corporation

2021

JUN 2 8 2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation						
000950852	Napatree P	oint C Cond	ominium Associatio	n			
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Condominium Association						
4. NAICS Code							
813990 - Other Similar Organ							
6. Principal Office Address			City	State	Zip		
89 State Street			Guilford	СТ	06437		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Russell Waldo			Vice-President Name Serene O'Connor				
Street Address 89 State Street			Street Address 196 Watch Hill Road				
City Guilford	State CT	Zip 06437	City Watch Hill	State RI	^{Zip} 02891		
Secretary Name James D. Hennessey		Treasurer Name James D. Hennessey					
Street Address 89 State Street		Street Address 89 State Street					
City Guilford	State CT	Zip 06437	City Guilford	State CT	^{Zip} 06437		
8. List ALL directors (names and ac	dresses). RI Cor	porations MUST	list at least THREE directors	. Check the box to indic	ate an attachment		
Director Name Russell W. Waldo			Director Name James D. Hennessey				
Street Address 89 State Street			Street Address 89 State Street				
City Guilford	State CT	^{Zip} 06437	City Guilford	State CT	^{Zip} 06437		
Director Name Serene O'Connor			Director Name				
Street Address 196 Watch Hill Road			Street Address				
City Watch Hill	State RI	^{Zip} 02891	City	State	Ζίρ		
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	Date		
Russell W. Waldo, President				06/22/2021	06/22/2021		
Signature of Officer/Authorized Representative							

MAJL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov