



State of Rhode Island
Department of State - Business Services Division

REC'D: RI SOS BSD
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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 000950852		2. Exact name of the Corporation Napatree Point C Condominium Association, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation of a condominium association			
4. NAICS Code 813990					
6. Principal Office Address 67 High Street			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas J. Capalbo, III			Vice-President Name		
Street Address 67 High Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Nicholas E. Capalbo			Treasurer Name Nicholas E. Capalbo		
Street Address 67 High Street			Street Address 67 High Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. 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 Thomas J. Capalbo, III			Director Name Nicholas E. Capalbo		
Street Address 67 High Street			Street Address 67 High Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Serene O'Connor			Director Name		
Street Address 196 Watch Hill Road			Street Address		
City Watch Hill	State RI	Zip 02891	City	State	Zip
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.					
<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 Thomas J. Capalbo, III				Date May 1, 2024	
Signature of Officer/Authorized Representative 				FILED MAY 07 2024 BY 348 AR	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov