



**State of Rhode Island  
Office of the Secretary of State**

No Fee

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

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), 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.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2024

**1. Corporate ID No.** 000047120

**2. Name of Corporation** Capella South Condominium Association, Inc.

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813990

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: C/O PREMIER PROPERTY  
MANAGEMENT  
26 VALLEY RD STE 101

City or Town: MIDDLETOWN

State: RI Zip: 02842 Country: USA

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

GOVERNING THE ADMINISTRATION, REGULATION, USE, OPERATION,  
MANAGEMENT, OCCUPATION & MAINTENANCE OF CONDOMINIUMS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS AMARAL	1215 CAPELLA SOUTH - GOAT ISLAND NEWPORT, RI 02840 USA
TREASURER	LAURIE MILLER	1414 CAPELLA SOUTH - GOAT ISLAND NEWPORT, RI 02840 USA
VP	DANA BISCONTI	560 LAKE WINNEMAUG RD. WATERTOWN, CT 06795 USA
DIRECTOR	ERIC EASLEY	30B WINDING OAKS WAY BOXFORD, MA 01921 USA
DIRECTOR	LAURENE OLDAKOWSKI	1101 CAPELLA SOUTH - GOAT ISLAND NEWPORT, RI 02840 USA
DIRECTOR	DANA BISCONTI	560 WINNEMAUG RD. WATERTOWN, CT 06795 USA
DIRECTOR	THOMAS AMARAL	1215 CAPELLA SOUTH - GOAT ISLAND NEWPORT, RI 02840 USA
DIRECTOR	LAURIE MILLER	1414 CAPELLA SOUTH - GOAT ISLAND NEWPORT, RI 02840 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**

CHARLES D. BLACKMAN, ESQ. 469 ANGELL STREET, SUITE 2 PROVIDENCE , RI 02906

**Signed this 17 Day of December, 2024 at 3:49:23 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 KATHLEEN TOBAK  
Signature of Authorized Person

Form No. 631  
Revised 09/07



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

December 17, 2024 03:48 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

