State of Rhode Island
Department of State - Business Services Division

2025 JAN 27 PM 3:2

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing penod: 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	2 Exact name of the Corporation
0000950852	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	City	State	Zip
67 High Street	Westerly	RI	02891

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Thomas J. Capalbo, III			Vice-President Name: Erich G. Strunk		
Street Address: 67 High Street			Street Address: 79 Lansdowne Lane		
City: Westerly	State: RI	Zip: 02891	City: Cheshire	State: CT	Zip: 06410
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 ☐

Director Name: Thomas J. Capalbo, III			Director Name: Erich G. Strunk		
Street Address: 67 High Street			Street Address: 79 Lansdowne Lane		
City:	State: RI	Zip: 02891	City: Cheshire	State: CT	Zip: 06410
Director Name: Nicholas E. Capalbo			Director Name:		
Street Address: 67 High Street			Street Address:		
City: Westerly	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authonzed Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Thomas J. Capalbo, III	**1/24/2025**

Signature of Officer/Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631 Revised 12/2023