



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 87898 2. Name of Corporation NORTHERN HOUSING ASSOCIATES INC.
3. State of Incorporation RHODE ISLAND 4. Corporate address in Rhode Island -Street Address 945 CHARLES STREET City No. Providence 02904
5. Foreign corporation: Enter principal office address City State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

PROVIDING ELDERLY PERSONS, LOW-INCOME PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Carol Pontarelli Street Address 15 Victor Street City North Providence State RI Zip 02911 Secretary Name Donna M. Conway Street Address 45 Nate Whipple Highway City Cumberland State RI Zip 02864	Vice President Name Rosemarie Andreozzi Street Address 17 Twins Lane City North Providence State RI Zip 02904 Treasurer Name John Zambarano Street Address 165 Comstock Road City North Smithfield State RI Zip 02896
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8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L 7-6-23

Director Name Carol Pontarelli Street Address 15 Victor Street City North Providence State RI Zip 02911 Director Name Rosemarie Andreozzi Street Address 17 Twins Lane City North Providence State RI Zip 02904	Director Name Steven DiLorenzo Street Address 73 Merchant Street City North Providence State RI Zip 02911 Director Name John Zambarano Street Address 165 Comstock Road City North Smithfield State RI Zip 02896
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9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L 7-6-13 / 7-6-78

Agent Name Stephen J. DiGianfilippo, Esq. Address 50 Park Row West	Address Vieira & DiGianfilippo Ltd. City Providence, RI Zip 02903
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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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.

Carol Pontarelli 5-17-09
Signature of Officer Date

Carol Pontarelli

Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 6/02

File Date FILED

Check No. JUN 17 2009

By: 46495

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