

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE,

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1. Entity ID No.	2. Exact name of the Corporation								
17870	NORTHERN DEVELOPERS, INC.								
3. Principal office address						State	Zip		
2052 SE Allamanda Drive				st.	Lucie	Florida	34952	-5804	
4. Business Phone No.				5. State of Incorporation					
(772)237-5763				Rhode Island					
6. Brief description of the charact	ter of business con	ducted in Rhode Island			510000				
Land developmen		_							
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President Name				Vice-President Name					
Ann F. DiMuccio				Ann F. DiMuccio					
Street Address				Street Address					
2052 SE Allamanda Drive				2052 SE Allamanda Drive					
City	State	Zip	City			State	Zip		
Port St. Lucie	FL	34952-5804	Port	St.	Lucie	FL	34952	-5804	
Secretary Name				Treasurer Name					
Ann F. DiMuccio				Ann F. DiMuccio					
Street Address				Street Address					
2052 SE Allamanda Drive				2052 SE Allamanda Drive					
City	State	Zip	City			State	Zip		
Port St. Lucie	FL	34592-5804			Lucie	FL	34592	-5804	
Nastan Buxqayan		કર્મકોન છેલી ફોર્મ્યુટ કરી છે.					h.Weebi	A. A. S. L.	
Director Name			Director N	lame					
N/A									
Street Address				Street Address					
City	State	Zip	City			State	Zip		
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip	City			State	Zip		
ISMESATE ET SE			hegels						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES CLASS/SI		RIES PAR VALUE				
			145		Cor	mmon	No Dar	Value	
			- '	37		mion	No Par	value	
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This report must be executed on to	behalf of the corpo	ration by an authorized exec tly of t	representa he corporat	ative. If a	the corporation is he receiver or tru	s in the hands of a	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.

Signature of Authorized Representative

Ann F. DiMuccio, President
Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012