



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 87898		2. Exact name of the Corporation NORTHERN HOUSING ASSOCIATES INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Providing elderly persons, low-income persons and handicapped persons with housing facilities			
5. Principal office address 945 Charles Street		City North Providence	State RI	Zip 02904	
President Name Carol Pontarelli		Vice-President Name Rosemarie Andreozzi			
Street Address 15 Victor Street		Street Address 17 Twins Lane			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02904
Secretary Name Donna M. Conway		Treasurer Name			
Street Address 45 Nate Whipple Highway		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST MORE THAN THREE DIRECTORS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Carol Pontarelli		Director Name Steven DiLorenzo			
Street Address 15 Victor Street		Street Address 73 Merchant Street			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name Rosemarie Andreozzi		Director Name Armand Milazzo			
Street Address 17 Twins Lane		Street Address 34 Plymouth Road			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
<input checked="" type="checkbox"/> THIS INFORMATION IS CURRENTLY OF RECORD IN THE OFFICE OF THE SECRETARY OF STATE. CHANGES REQUIRE FILING FORM 641.					

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



FILED

JUL 08 2014

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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

Signature of Officer or Authorized Representative Date

Carol Pontarelli, President

Print or Type Name of Officer or Authorized Representative

**NORTHERN HOUSING ASSOCIATES INC.
Corporate ID No. 87898**

(Attachment to Annual Report)

No. 8. Names and Addresses of Directors:

Deborah Anderson
49 Lewis Street
North Providence, RI 02904