



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

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

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, 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.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000155407

2. Name of Corporation Neighborhood Assistance Corporation of America

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: N/A
City or Town: N/A State: RI Zip: 02119 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 225 CENTRE STREET SUITE 100
City or Town: BOSTON State: MA Zip: 02119 Country: USA

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

TO PROVIDE HOUSING SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRUCE MARKS	225 CENTRE STREET SUITE100 BOSTON, MA 02119 USA
TREASURER	GLYNN LLOYD	225 CENTRE STREET SUITE 100 BOSTON , MA 02119 USA
SECRETARY	MARISSA LANDRAU-PIRAZZI	225 CENTRE STREET SUITE 100 BOSTON, MA 02119 USA
DIRECTOR	GRAYLAN HAGLER	225 CENTRE STREET SUITE 100 BOSTON, MA 02119 USA

DIRECTOR	DOUGLAS FIERBERG	225 CENTRE STREET SUITE 100 BOSTON, MA 02119 USA
DIRECTOR	LINDA MOTEN	225 CENTRE STREET SUITE 100 BOSTON , MA 02119 USA
DIRECTOR	BRUCE MARKS	225 CENTRE STREET SUITE 100 BOSTON, MA 02119 USA
DIRECTOR	GLYNN LLOYD	225 CENTRE STREET SUITE 100 BOSTON , MA 02119 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**

LAURA MCGUIRE 107 DANIELSON PIKE SCITUATE , RI 02857

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

Signed this 4 Day of May, 2015 at 10:08:56 AM 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 MARISSA LANDRAU-PIRAZZI
Signature of Authorized Person

Form No. 631
Revised 09/07