



**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 2016**

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.

1. Entity ID No. <b>97128</b>		2. Exact name of the Corporation <b>NORTHLAND RESIDENTIAL CORPORATION</b>		
3. Principal office address <b>20 MALL ROAD, SUITE 220</b>		City <b>BURLINGTON</b>	State <b>MA</b>	Zip <b>01803</b>
4. Business Phone No. <b>781-29-4700</b>		5. State of Incorporation <b>MASSACHUSETTS</b>		
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>JOHN C. DAWLEY</b>		Vice-President Name <b>RICHARD A. THOMAS</b>		
Street Address <b>20 MALL ROAD, SUITE 220</b>		Street Address <b>20 MALL ROAD, SUITE 220</b>		
City <b>BURLINGTON</b>	State <b>MA</b>	Zip <b>01803</b>	City <b>BURLINGTON</b>	State <b>MA</b>
Secretary Name <b>RICHARD A. THOMAS</b>		Treasurer Name <b>RICHARD A. THOMAS</b>		
Street Address <b>20 MALL ROAD, SUITE 220</b>		Street Address <b>20 MALL ROAD, SUITE 220</b>		
City <b>BURLINGTON</b>	State <b>MA</b>	Zip <b>01803</b>	City <b>BURLINGTON</b>	State <b>MA</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>FRANK M. STEWART</b>		Director Name <b>PETER BAILEY</b>		
Street Address <b>32 ROWLEY SHORE</b>		Street Address <b>2530 DICK WILSON DRIVE</b>		
City <b>GLOUCESTER</b>	State <b>MA</b>	Zip <b>01930</b>	City <b>SARASOTA</b>	State <b>FL</b>
Director Name <b>PATRICK J. CALLAHAN</b>		Director Name <b>JAMES P. KELLEHER</b>		
Street Address <b>44 SUMMIT LANE</b>		Street Address <b>28 NEAL GATE STREET</b>		
City <b>E. FALMOUTH</b>	State <b>MA</b>	Zip <b>02536</b>	City <b>SCITUATE</b>	State <b>MA</b>
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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/SERIES	PAR VALUE
		100	CNP	0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**  
 110 2016  
 316

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.

*Richard A. Thomas* 2/8/16  
 Signature of Authorized Representative Date  
 Richard A. Thomas  
 Print or Type Name of Authorized Representative