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State of Rhode Island an· ·idence Plantations
Department of St: Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
97128	NORTHLAND RESIDENTIAL CORPORATION

3. Principal Office Address	City	State	Zip
80 BEHARRELL STREET - SUITE E	CONCORD	MA	01742

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	REAL ESTATE
5. State of Incorporation	
MA	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JOHN C. DAWLEY	80 BEHARRELL STREET, SUITE E	CONCORD	MA	01742

Vice-President Name	Street Address	City	State	Zip
RICHARD A. THOMAS	80 BEHARRELL STREET, SUITE E	CONCORD	MA	01742

Secretary Name	Street Address	City	State	Zip
RICHARD A. THOMAS	80 BEHARRELL STREET, SUITE E	CONCORD	MA	01742

Treasurer Name	Street Address	City	State	Zip
RICHARD A. THOMAS	80 BEHARRELL STREET, SUITE E	CONCORD	MA	01742

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
FRANK M. STEWART	32 ROWLEY SHORE	GLOUCESTER	MA	01930

Director Name	Street Address	City	State	Zip
PETER BAILEY	2530 DICK WILSON DRIVE	SARASOTA	FL	34240

Director Name	Street Address	City	State	Zip
PATRICK J. CALLAHAN	44 SUMMIT AVENUE	E. FALMOUTH	MA	02536

Director Name	Street Address	City	State	Zip
JAMES P. KELLEHER	28 NEAL GATE STREET	SCITUATE	MA	03702

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	0

11. 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.

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.

Name of Authorized Representative	Date
RICHARD A. THOMAS	4/5/17

Signature of Authorized Representative

Richard A Thomas

FILED
MAY 22 2017
BY 335/337

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017