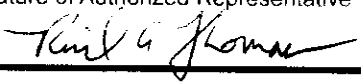




State of Rhode Island and Providence Plantations  
**Department of State Business Services Division**

**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 <b>97128</b>		2. Exact name of the Corporation <b>NORTHLAND RESIDENTIAL CORPORATION</b>												
3. Principal Office Address <b>80 BEHARRELL STREET - SUITE E</b>		City <b>CONCORD</b>		State <b>MA</b>	Zip <b>01742</b>									
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</b>												
5. State of Incorporation <b>MA</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>JOHN C. DAWLEY</b>			Vice-President Name <b>RICHARD A. THOMAS</b>											
Street Address <b>80 BEHARRELL STREET, SUITE E</b>			Street Address <b>80 BEHARRELL STREET, SUITE E</b>											
City <b>CONCORD</b>	State <b>MA</b>	Zip <b>01742</b>	City <b>CONCORD</b>	State <b>MA</b>	Zip <b>01742</b>									
Secretary Name <b>RICHARD A. THOMAS</b>			Treasurer Name <b>RICHARD A. THOMAS</b>											
Street Address <b>80 BEHARRELL STREET, SUITE E</b>			Street Address <b>80 BEHARRELL STREET, SUITE E</b>											
City <b>CONCORD</b>	State <b>MA</b>	Zip <b>01742</b>	City <b>CONCORD</b>	State <b>MA</b>	Zip <b>01742</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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>	Zip <b>34240</b>									
Director Name <b>PATRICK J. CALLAHAN</b>			Director Name <b>JAMES P. KELLEHER</b>											
Street Address <b>44 SUMMIT AVENUE</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>	Zip <b>03702</b>									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>100</b></td><td><b>CNP</b></td><td><b>0</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>CNP</b>	<b>0</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<b>100</b>	<b>CNP</b>	<b>0</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>RICHARD A. THOMAS</b>				Date <b>4/5/17</b>										
Signature of Authorized Representative 														

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

**FILED**

MAY 22 2017

BY 335/337

FORM 630 - Revised: 02/2017