



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

Annual Report for the year: **2017**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 87898		2. Exact name of the Corporation NORTHERN HOUSING ASSOCIATES INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Providing elderly persons, low-income persons and handicapped persons with housing facilities.			
4. NAICS Code 624120 - Services for Elderly ar					
6. Principal Office Address 945 Charles Street		City North Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an 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
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Carol Pontarelli, President				Date 7-28-17	
Signature of Officer/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

AUG 02 2017

BY 13169 DS

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