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.

Z 5-12-15 M						
1. Entity ID Number		2. Exact name of the Corporation				
87898	NORTHER	NORTHERN HOUSING ASSOCIATES INC.				
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Providing (Providing elderly persons, low-income persons and handicapped persons with housing facilities.				
4. NAICS Code						
624120 - Services for Elderl	y ar					
6. Principal Office Address			City	State	Zip	
945 Charles Street			North Providence	RI	02904	
7. List ALL officers (names an			Che	eck the box to indicat	L re an attachment [
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 ar	nd addresses). RI (Corporations MUST	list at least THREE directors.		·	
Director Name Carol Pontarelli			Check the box to indicate an attachment ✓ 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 Rt	^{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 I	sland. This informati	on is currently of reco	ord in the Department of State. Change	es require filing Form 6	41.	
	eclare and affirm t	hat I have examine	ed this report, including any acc			
			Secretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tru	stee.	
Name of Officer/Authorized Rep				Date		
Carol Pontarelli, President				7-28-17		
Signature of Officer/Authorized	Representative	Carolly 1	May Top May			

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 631 - Revised: 06/2017

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