



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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Annual Report for the year: 2018

## 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<br><b>72895</b>  |                 | 2. Exact name of the Corporation<br><b>Housing Development Corporation of the North End</b>  |  |                          |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br>To improve housing stock in the North End in the City of Providence |  |                          |                     |
| 4. NAICS Code<br><b>624229 - Other Community Housi</b>   |                 |  |  |                          |                     |
| 6. Principal Office Address<br><b>136 Woodward Rd.</b>   |                 |  | City<br><b>Providence</b>                | State<br><b>RI</b>       | Zip<br><b>02904</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>Florette Ruggiero</b>  |                 |  | Vice-President Name <b>Ralph Capaldi</b> |                          |                     |
| Street Address <b>33 Social St</b>   |                 |  | Street Address <b>12 Prosper St.</b>     |                          |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02904</b>   | City <b>Providence</b>                   | State <b>RI</b>          | Zip <b>02904</b>    |
| Secretary Name <b>Lynn Calcagni</b>  |                 |  | Treasurer Name <b>Thomas Calcagni</b>    |                          |                     |
| Street Address <b>136 Woodward Rd.</b>   |                 |  | Street Address <b>136 Woodward Rd.</b>   |                          |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02904</b>   | City <b>Providence</b>                   | State <b>RI</b>          | Zip <b>02904</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |  |                          |                     |
| Director Name <b>Stephen Napolitano</b>  |                 |  | Director Name <b>John Pascale</b>        |                          |                     |
| Street Address <b>383 Woodward Rd.</b>   |                 |  | Street Address <b>105 Leo Ave.</b>       |                          |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02904</b>   | City <b>Providence</b>                   | State <b>RI</b>          | Zip <b>02904</b>    |
| Director Name <b>Ray Izzo</b>  |                 |  | Director Name                            |                          |                     |
| Street Address <b>Old Snake Hill Road</b>  |                 |  | Street Address                           |                          |                     |
| City <b>Chepachet</b>  | State <b>RI</b> | Zip <b>02818</b>   | City                                     | State                    | Zip                 |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |  |  |                          |                     |
| <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>        |                 |  |  |                          |                     |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.  |                 |  |  |                          |                     |
| Name of Officer/Authorized Representative<br><b>Thomas Calcagni Treasurer</b>  |                 |  |  | Date<br><b>6/12/2018</b> |                     |
| Signature of Officer/Authorized Representative<br><i>Thomas Calcagni</i> <b>THOMAS CALCAGNI</b> <b>FILED</b>   |                 |  |  |                          |                     |

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