



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

**FILED** *[Signature]*

Annual Report for the year: 2018  
 Non-Profit Corporation

JUN 20 2018  
 BY 14687

- 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 <b>87898</b>		2. Exact name of the Corporation <b>NORTHERN HOUSING ASSOCIATES INC.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Providing elderly persons, low-income persons and handicapped persons with housing facilities.</b>			
4. NAICS Code <b>624120 - Services for Elderly ar</b>					
6. Principal Office Address <b>945 Charles Street</b>		City <b>North Providence</b>	State <b>RI</b>	Zip <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>Carol Pontarelli</b>		Vice-President Name <b>Rosemarie Andreozzi</b>			
Street Address <b>15 Victor Street</b>		Street Address <b>17 Twins Lane</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Donna M. Conway</b>		Treasurer Name			
Street Address <b>45 Nate Whipple Highway</b>		Street Address			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
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 checked="" type="checkbox"/></span>					
Director Name <b>Carol Pontarelli</b>		Director Name <b>Steven DiLorenzo</b>			
Street Address <b>15 Victor Street</b>		Street Address <b>73 Merchant Street</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Director Name <b>Rosemarie Andreozzi</b>		Director Name <b>Armand Milazzo</b>			
Street Address <b>17 Twins Lane</b>		Street Address <b>34 Plymouth Road</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
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>					
<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 <b>Carol Pontarelli, President</b>				Date <b>6-15-18</b>	
Signature of Officer/Authorized Representative <i>Carol Pontarelli</i>				SIGN DOCUMENT HERE	

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

**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

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**BY**

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