



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

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SECRETARY OF STATE
CORPORATIONS DIV

2018 JUN 27 PM 4:25

Annual Report for the year:
Non-Profit Corporation

2016

- 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 000271172		2. Exact name of the Corporation North End Business Association, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Purpose of the North End Business Association is to maximize the ability of merchants to serve the public and to embellish the surrounding area and persons in the business environment.	
4. NAICS Code 813910			
6. Principal Office Address 470 Charles Street		City Providence	State R.I. Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Janet Caretti		Vice-President Name John DeLuca	
Street Address 76 DePinedo Street		Street Address 23 Manhattan Street	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Michael Florio		Treasurer Name Thomas Paquette	
Street Address 144 Langdon Street		Street Address 83 Cathedral Drive	
City Providence	State RI	City Attleboro	State MA
Zip 02904		Zip 02703	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name Janet Caretti		Director Name John DeLuca	
Street Address 76 DePinedo Street		Street Address 23 Manhattan Street	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Director Name Michael Florio		Director Name Thomas Paquette	
Street Address 144 Langdon Street		Street Address 83 Cathedral Drive	
City Providence	State RI	City Attleboro	State MA
Zip 02904		Zip 02703	
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 Janet Caretti			Date 6-27-18
Signature of Officer/Authorized Representative <i>Janet Caretti</i>			

FILED

JUN 27 2018

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