



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 4:24

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 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	Zip 02904		City Providence		State RI
Secretary Name Michael Florio		Treasurer Name Thomas Paquette					
Street Address 144 Langdon Street				Street Address 83 Cathedral Drive			
City Providence		State RI	Zip 02904		City Attleboro		State MA
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	Zip 02904		City Providence		State RI
Director Name Michael Florio				Director Name Thomas Paquette			
Street Address 144 Langdon Street				Street Address 83 Cathedral Drive			
City Providence		State RI	Zip 02904		City Attleboro		State MA
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

BY C26686742
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