



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2011
 Non-Profit Corporation

2018 JUN 27 PM 4:24

- 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	Zip 02904
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	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	Zip 02904	City Providence	State RI	Zip 02904
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	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

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

JUN 27 2018

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