State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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

FILED
JUN 17 2021
BY

1 Entity ID Number	2. Exact name of the Corporation
000271172	North End Business Associations, 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 are and persons in the business environment.
4 NAICS Code: 813910 Business Associations	

6 Principal Office Address	City	State	Zip
470 Charles Street	Providence	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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: 32 Rustwood Lane		
City: Providence	State: RI	Zip: 02904	City: North Attleboro	State: MA	Zip: 02760

8 List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

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: 32 Rustwood Lane		
City: Providence	State: RI	Zip: 02904	City: North Attleboro	State: MA	Zip: 02760

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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	Date
Thomas Paquette	6/17/21

Signature of Officer/Authorized Representative