



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 06 2023
BY 30604

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 87898		2. Exact name of the Corporation NORTHERN HOUSING ASSOCIATES INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island providing elderly persons, low-income persons and handicapped persons with housing facilities			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 945 Charles Street		City North Providence		State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Fleming			Vice-President Name Azarig Kooloian, Jr.		
Street Address 3 Hillview Drive			Street Address 6 Palou Drive		
City North Providence		State RI	Zip 02904	City North Providence	
				State RI	
				Zip 02904	
Secretary Name Marilee Arsenault			Treasurer Name		
Street Address 7 Belgrade Avenue			Street Address		
City Pawtucket		State RI	Zip 02861	City	
				State	
				Zip	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name John Fleming			Director Name Azarig Kooloian, Jr.		
Street Address 3 Hillview Drive			Street Address 6 Palou Drive		
City North Providence		State RI	Zip 02904	City North Providence	
				State RI	
				Zip 02904	
Director Name Mayor Charles Lombardi			Director Name Armand Milazzo		
Street Address 30C Nipmuc Trail			Street Address 34 Plymouth Road		
City North Providence		State RI	Zip 02904	City North Providence	
				State RI	
				Zip 02904	
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.					
<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 Marilee Arsenault, Secretary				Date: 2/9/23	
Signature of Officer/Authorized Representative 					

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

Additional Director: Alex Rocha
9 River Road
North Providence, RI 02904

ATTACHMENT TO
NORTHERN HOUSING ASSOCIATES, INC.
ANNUAL REPORT

Additional Director:

Alex Rocha
9 River Road
North Providence, RI 02904

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