



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

REC'D RI DEPT OF STATE
 24 APR 15 12:39 PM '24

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 624120					
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 3/5/24
Signature of Officer/Authorized Representative FILED 239					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3340
Website: www.sos.ri.gov

APR 15 2024
BY **33270**

ATTACHMENT TO
NORTHERN HOUSING ASSOCIATES, INC.
ANNUAL REPORT

Additional Director:

Alex Rocha
9 River Road
North Providence, RI 02904