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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 000271172		2. Exact name of the Corporation North End Business Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote and foster a productive business interest and climate in the North End of Providence.	
4. NAICS Code 813910			
6. Principal Office Address 470 Charles Street		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Akintoye Onikoyi		Vice-President Name Norma Gonzalez	
Street Address 568 Charles Street		Street Address 470 Charles Street	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Nicole Torossian		Treasurer Name Janet Caretti	
Street Address 162 S. Rose Street		Street Address 76 De Pinedo Street	
City EAST Providence	State RI	City Providence	State RI
Zip 02914		Zip 02904	
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 Akintoye Onikoyi		Director Name Norma Gonzalez	
Street Address 568 Charles Street		Street Address 470 Charles Street	
City Providence	State RI	City Providence	State RI
Zip 02904		Zip 02904	
Director Name Nicole Torossian		Director Name Janet Caretti	
Street Address 162 S Rose Street		Street Address 76 De Pinedo Street	
City EAST Providence	State RI	City Providence	State RI
Zip 02914		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 Janet Caretti		FILED	Date 2-25-25
Signature of Officer/Authorized Representative Janet Caretti		FEB 26 2025 XLBBY	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov