RI SOS Filing Num	iber: 202566287950 Da	ate: 2/26/2025 4:00:00 PM		
			 225 75 110 75 75 15 15 15 15 15 15 15 15 15 15 15 15 15	
State of Rhode Island  Department of State - Business Services Division			Tite's	
			₩	
	DIVISION	RIDO: 26 AKI		
Annual Report for the year		DOS 850 AK10:02:		
Non-Profit Corporation  → Filing period: February 1 - May 1			99.0	
→ Filing Fee: \$20.00			<i>?</i> ;₩	
→ Penalty: Additional \$25.00 fee i	f form is not filed by May 31.		1-1 1-1	
1. Entity ID Number	2. Exact name of the Corporation	1		
000271172	North End Business Association, Inc.			
3. State of Incorporation	5. Brief description of the character of husiness conducted in Physics Island			
[ K \	To promote	and foster o	s island	-1
4. NAICS Code	1	tours	2 produc	itive
813910		terest and c	limate	in
6. Principal Office Address	the North Ex	nd of Provid	ence.	
	C+400+	City	State	Zip
470 Charles	•	Providence	RI	02904
7. List ALL officers (names and add	lresses)	Check	the box to indicate an	
President Name	On Livi	Vice-President Name	<del></del>	I accarament [
Street Address	2 Uli Royi	Norma Gon	zalez	
568 Charl	es Street	Street Address	s Stre	~+
City Providence	State Zip OI914	City	State	Zip
Secretary Name	K-7 107717	Providence	State	02404
Nicole loros	ssian	Treasurer Name  Janet Carr	+1.	-
Street Address	St. +	Street Address	·	<del></del> -
City		76 Derine	do Stre	eet
EAST (rovidence)	RI. 02914	City Providence	State —	Zip
8. List ALL directors (names and add	dresses). RI Corporations MUST lis	st at least THREE directors.	1 17.1-	102904
Director Name		Check	the box to indicate an	attachment
Akintoye (	Onikovi	Director Name		
Street Address 5 to 8 Charle	CL	Street Address	altz	<del></del>
Ca	State Zin	470 Charles	Stree	+
trovidence	State RI 02904	CHY Providence	State	Zip
Director Name NICOLP		Director Name	1 15 +	62964
Street Address	sslan	Janet Car	etti	
162 5 Rose	Street	Street Address The Pinedo	Street	
EAST Providence	State Zip - C + 1 /	City	State	
	KI 02914	Providence		Zip 0-2904
9. The Registered Agent information under penalty of perjury I declare	and offer the At L	f State is accurate. Changes requir	e filing Form 641.	
Under penalty of perjury, I declare statements, and that all statements	and enirm that I have examined : S contained herein are true and c	this report, including any accom-	panying schedule	s and
This report must be signed by either the Preside	int, Vice-President, Secretary, Assistant Secr	elary, Treasurer, duly Authorized Rennesenta	Ithe Paraless as Tout	<del> </del>
Name of Officer/Authorized Represen	tative	FILED	Date	ž.
Janet Ca	eretti		1	a
Signature of Officer/Authorized Repres	sentative	EB <b>26</b> 2025	2-25-	- d5
Lant C	Abotti.	AN UUIT		
MAIL TO: BY BY				
Division of Business Services  148 W. River Street, Providence, Rhode Isla		N		
FIROTO (401) 222-3040	HI V43U4-2013	$\mathcal{D}$		
Website: www.sos.ri.gov				

FORM 631- Revised: 12/2023