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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	2. Exact name of the Corporation
000271172	North End Business Association, Inc.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	To promote and foster a productive business interest and climate in the North End of Providence.
4. NAICS Code	
813910	

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	Vice-President Name
Akintoye Onikoyi	Norma Gonzalez
Street Address: 568 Charles Street	Street Address: 470 Charles Street
City: Providence, State: RI, Zip: 02904	City: Providence, State: RI, Zip: 02904
Secretary Name	**Treasurer Name**
Nicole Torossian	Janet Caretti
Street Address: 162 S. Rose Street	Street Address: 76 DePinedo Street
City: East Providence, State: RI, Zip: 02914	City: Providence, State: RI, Zip: 02904

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

Director Name	Director Name
Akintoye Onikoyi	Norma Gonzalez
Street Address: 568 Charles Street	Street Address: 470 Charles Street
City: Providence, State: RI, Zip: 02904	City: Providence, State: RI, Zip: 02904
Director Name	**Director Name**
Nicole Torossian	Janet Caretti
Street Address: 162 S Rose Street	Street Address: 76 De Pinedo Street
City: East Providence, State: RI, Zip: 02914	City: 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.

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
Janet Caretti	**FILED**	2-25-25
Signature of Officer/Authorized Representative	FEB 26 2025	
Janet Caretti	BY XKBRY	

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

FORM 631- Revised: 12/2023