



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000130174

2. Name of Corporation TLR Realty

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O GATEWAY HEALTHCARE, INC.
249 ROOSEVELT AVENUE

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOUSING FACILITIES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RICHARD H LECLERC	C/O GATEWAY HEALTHCARE, 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA

TREASURER	JOSEPH K. SABETTA	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
SECRETARY	ROBERT MANCINI	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	THOMAS L. ROSS	C/O GATEWAY HEALTHCARE, 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860
VICE PRESIDENT OF FINANCE	SCOTT DICHRISTOFERO	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
CHAIR	THOMAS L. ROSS	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
VICE CHAIR	STEVEN J. HIRSCH	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	JAMES RISKO	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	JOSEPH K. SABETTA	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	STEVEN J. HIRSCH	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	ROBERT MANCINI	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	JAY BURDICK	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	PAMELA S. LABRECHE	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	AMY H. POTTER	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	JOHN TICKNER	C/O GATEWAY HEALTHCARE, INC., 249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANDREW W. DAVIS, ESQ. 101 DYER STREET PROVIDENCE , RI 02903-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 4 Day of June, 2013 at 8:42:11 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By RICHARD H. LECLERC
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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