RI SOS Filing Number: 201698897510 Date: 05/13/2016 12:14 PM

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: 2016

1. Corporate ID No. 000068448

2. Name of Corporation Gateways to Change, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1060 PARK AVE
City or Town: CRANSTON State: RI Zip: 02910 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

TO PROVIDE PERSONS W/DEVELOPMENTAL DISABILITES WITH QUALITY LIVING AND WORK ENVIRONMENTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	CATHERINE SADLIER	1008 WILLIAMSBURG CIRCLE WARWICK, RI 02886 USA
VICE PRESIDENT	ATHENA FLEMING DYER	69 LAKESIDE DRIVE COVENTRY, RI 02816 USA

0-8811-0

DIRECTOR	NORBERT LACHMANN	387 PARKSIDE DRIVE WARWICK, RI 02888 USA
DIRECTOR	FRANK BITETTO	300 LAMBERT LIND HIGHWAY, BUILDING B, APARTMENT 130 WARWICK, RI 02886 USA
DIRECTOR	CATHERINE MCGILLIVRAY	37 BEACHMONT AVENUE CRANSTON, RI 02905 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

CATHERINE MCGILLIVRAY 11 KNIGHT STREET, SUITE B6 WARWICK , RI 02886

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

Signed this 13 Day of May, 2016 at 12:25:19 PM by the authorized person. *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 company, 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 CATHERIN MCGILLIVRAY
Signature of Authorized Person

Form No. 631
Revised 09/07