



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 3728		2. Exact name of the Corporation Mill River Community Housing Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Own real estate under HUD 202 Project providing residential service for adults with mental illness			
4. NAICS Code 624229 - Other Communit					
6. Principal Office Address c/o Gateway Healthcare, Inc., 249 Roosevelt Avenue		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott DiChristofero		Vice-President Name			
Street Address Gateway Healthcare Inc. 249 Roosevelt Avenue		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Pamela S. LaBreche		Treasurer Name Joseph K. Sabetta			
Street Address Navigant Credit Union, 1005 Douglas Pike		Street Address LGC&D, LLP, 10 Weybosset Street			
City Smithfield	State RI	Zip 02917	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Robert A. Mancini (Chair)		Director Name Pamela S. LaBreche (Vice Chair)			
Street Address RISCPA, 40 Sharpe Drive		Street Address Navigant Credit Union, 1005 Douglas Pike			
City Cranston	State RI	Zip 02920	City Smithfield	State RI	Zip 02917
Director Name James E. Burdick		Director Name Amy H. Potter			
Street Address 50 Valley Street		Street Address Century 21 Crossroads			
City Providence	State RI	Zip 02909	City Cumberland	State RI	Zip 02864
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Scott DiChristofero					Date 10/26/17
Signature of Officer/Authorized Representative 					FILED

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

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Mill River Community Housing Corporation
ID #3728

8. Directors

James R. Risko Lincoln Shopping Center 246 Front Street P.O. Box 216 Lincoln, RI 02865
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