RI SOS Filing Number: 201752962800 Date: 11/3/2017 4:00:00 PM

State of Rhode Island and	Providence Plant	ations			
Department of Sta			vision		
Annual Report for the year:	2017			201	$\supset$
Non-Profit Corporation  → Filing period: June 1 - June 30				2017 NOV	æ: E::
→ Filing Fee: \$20.00  → Penalty: Additional \$25.00 fee if form is not filed by July 30.				- <b>V</b>	ST.
Penalty: Additional \$25.00 fee if	form is not filed by	July 30.		<u> </u>	
1. Entity ID Number	2. Exact name o	f the Corporation		3	
130174	TLR Rea	lty		<u>.</u>	MATE
3. State of Incorporation	5. Brief description of the character of business 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				
Rhode Island					
4. NAICS Code					
624229 - Other Communit ▼					
·			City	State	Zip
c/o Gateway Healthcare, Inc., 249 Roosevelt Avenue			Pawtucket	RI	02860
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Scott DiChristofero			Vice-President Name		
Street Address Gateway Healthcare Inc. 249 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	<sup>Zip</sup> <b>02860</b>	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	<sup>Zip</sup> <b>02917</b>	<sup>City</sup> Providence	State RI	<sup>Zip</sup> <b>02903</b>
8. List ALL directors (names and ac	ldresses). RI Corp	porations MUST lis		eck the box to indicate	an attachment
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	<sup>Zip</sup> <b>02920</b>	<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> <b>02917</b>
Director Name James E. Burdick			Director Name Amy H. Potter		
Street Address 50 Valley Street			Street Address Century 21 Crossroads		
City Providence	State RI	<sup>Zip</sup> 02909	City Cumberland	State RI	<sup>Zip</sup> <b>02864</b>
9. Registered Agent in Rhode Islan	d. This information i	s currently of record	in the Department of State. Changes re	quire filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen				npanying schedule	s and
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 Repres Scott DiChristofero	entative			Date	/1-
Signature of Officer/Authorized Rep	resentative	/ 1		10/26	// /
feet www. Christian FILED					
MAIL TO: A 9 2017					

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

NOV 0 3 2017
BY \$ 150045110

## TLR Realty ID #130174

## 8. Directors

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