/631	
<i>,</i>	
\———	

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual	Report fo	r the year:
Man Dr	ofit Corno	ration

<sup>2017</sup>

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

Penalty. Additional \$25.00 lee is	iom is not med by	July 30.					
1. Entity ID Number	2. Exact name of the Corporation						
130174	TLR Realty						
3. State of Incorporation	5. Brief descripti	on of the character	r of business conducted in R	Rhode Island 4	<b></b>		
Rhode Island	Provide elderly persons and handicapped persons with housing facilities and services						
4. NAICS Code	specially desi	igned to meet th	neir physical, social, and	d psychological need	ls		
624229 - Other Communit -							
6. Principal Office Address			City	State	Zip		
c/o Gateway Healthcare, Inc.	care, 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				
Gateway Healthcare Inc. 249 Roosevelt Avenue			Street Address				
City Pawtucket	State RI	<sup>Zip</sup> <b>02860</b>	City	State	Žip		
Secretary Name Pamela S. LaBreche			Treasurer Name Joseph K. Sabetta				
Street Address Navigant Credit Union, 1005 Douglas Pike			005 Douglas Pike Street Address LGC&D, LLP, 10 Weybosset Street				
City Smithfield	State RI	<sup>Zip</sup> <b>02917</b>	City Providence	State RI	<sup>Zip</sup> 02903		
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST list	t at least THREE directors.	Check the box to indica	ate 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> 02920	<sup>City</sup> Smithfield	State RI	<sup>Zip</sup> <b>02917</b>		
Director Name James E. Burdick			Director Name Amy H. Po	tter			
Street Address 50 Valley Street			Street Address Century 21 Crossroads				
City Providence	State RI	<sup>Zip</sup> <b>02909</b>	<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> <b>02864</b>		
9. Registered Agent in Rhode Islan	nd. This information i	s currently of record	in the Department of State. Cha	anges require filing Form 64	1.		
Under penalty of perjury, I decla statements, and that all stateme				accompanying schedu	les and		
This report must be signed by either the Pre	sident, Vice-President, S	Secretary, Assistant Sec	retary, Treasurer, duly Authorized Re	epresentative, Receiver or Trust	ee.		
Name of Officer/Authorized Repres	sentative			Date	/		
Scott DiChristofero				10/24	17		
Signature of Officer/Authorized Re	presentative		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 NOV 0 3 2017

BY \$ 160045110

## TLR Realty ID #130174

## 8. Directors

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