

Annual Report for the year: **Non-Profit Corporation** 

2018

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SECRETARY OF STATE
CORPORATIONS DIV

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$\rightarrow$	Filing	period:	June	1 -	June	30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

				<del></del>					
Entity ID Number 2. Exact name of the Corporation									
105241	Shore Courts, Inc.								
3. State of Incorporation	ion 5. Brief description of the character of business conducted in Rhode Island								
Rhode Island	Charitable and/or educational purposes.								
4. NAICS Code	1								
624229 - Other Community Hou									
6. Principal Office Address			City	State	Zip				
c/o Gateway Healthcare, Inc., 24	9 Roosevelt Aver	nue	Pawtucket	RI	02860				
7. List ALL officers (names and add	iresses)		Che	eck the box to indicate	e an attachment				
President Name Scott DiChristofer	0		Vice-President Name None						
Street Address 249 Roosevelt Ave	nue		Street Address						
City Pawtucket	State RI	<sup>Zip</sup> 02860	City	State	Zip				
Secretary Name Pamela S. LaBrec	he		Treasurer Name Joseph K. Sabetta						
Street Address Navigant Credit Un	ion, 1005 Dougla	s Pike	Street Address 10 Weybosset Street, Suite 700						
Cily Smithfield	State RI	<sup>Zip</sup> 02917	City Providence	State RI	<sup>Zip</sup> 02903				
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check 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, Unit 5		Street Address Navigant Credit Union, 1005 Douglas Pike						
City Cranston	State RI	<sup>Ζίρ</sup> 02920	City Smithfield	State RI	<sup>Zip</sup> 02917				
Director Name James E. Burdick		•	Director Name  James R. Risko						
Street Address United Way RI ADR	C/The Point, 50 \	/alley Street	Street Address 246 Front Street, P.O. Box 216						
City Providence	State RI	<sup>Zip</sup> 02909	City Lincoln	State RI	<sup>Zip</sup> 02865				
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.									
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	Date								
Scott DiChristofero									
Signature of Officer Authorized Representative  SIGN DOCUME TILETO									

MAIL TO:

**Division of Business Services** 

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

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

AUG 3 0 2018 KL RUH5X Shore Courts, Inc. ID #105241

## 8. Directors

Joseph K. Sabetta Citrin Cooperman 10 Weybosset Street, Suite 700 Providence, RI 02903