



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

Annual Report for the year: 2018
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.

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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1. Entity ID Number 37744		2. Exact name of the Corporation Obed Apartments, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish, maintain and operate food service and other vocational training and rehabilitation.			
4. NAICS Code 624229 - Other Community Ho					
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 None		
Street Address 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 10 Weybosset Street, Suite 700		
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, Unit 5			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 James R. Risko		
Street Address United Way RI ADRC/The Point, 50 Valley Street			Street Address 246 Front Street, P.O. Box 216		
City Providence	State RI	Zip 02909	City Lincoln	State RI	Zip 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.					
<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
Signature of Officer/Authorized Representative 					

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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Obed Apartments, Inc.
ID #37744

8. Directors

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