

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 **Non-Profit Corporation**

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SECRETARY OF STATE
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-> Filing period: June 1 - June 30

Filing Fee: \$20.00

Penalty: Additional \$25.00 fee	t form is not filed by	July 30.			·	
1. Entity ID Number	2. Exact name of the Corporation					
000029890	GATEWAY HEALTHCARE, INC.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To develop, establish, operate, maintain, and provide mental health and substance					
4. NAICS Code	abuse treatment services and other related services.					
622110 - General Medical						
6. Principal Office Address	•		City	State	Zip	
249 Roosevelt Avenue			Pawtucket	RI	02860	
7. List ALL officers (names and ac	ddresses)			Check the box to indic	ate an attachment	
President Name Henry Sachs, M.D.			Vice-President Name None			
Street Address 1011 Veterans Memorial Parkway			Street Address			
City East Providence	State RI	^{Zıp} 02915	City	State	Zip	
Secretary Name Paul J. Adler			Treasurer Name Mary A. Wakefield			
Street Address 593 Eddy Street			Street Address 593 Eddy Street			
^{City} Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903	
8. List ALL directors (names and	addresses). RI Cor	porations MUST lis	et at least THREE directors.	Check the box to indica	ate an attachment	
Director Name Lawrence A. Aubin, Sr. (Chair)			Director Name Peter Capodilupo (Vice Chair)			
Street Address Aubin Corporation, 1460 Fall River Avenue			Street Address 345 Thames Street, N207			
City Seekonk	State MA	^{Zip} 02771	City Bristol	State RI	^{Zip} 02809	
Director Name Alan Litwin (Vice Chair)			Director Name Timothy J. Babineau, M.D.			
Street Address Kahn, Litwin, Renza & Co, Ltd. 951 North Main			Street Address 593 Eddy Street			
City Providence	State RI	^{Zıp} 02904	City Providence	State RI	Zip 02903	
9. Registered Agent in Rhode Isla	ind. This information	is currently of record	in the Department of State. Cha	inges require filing Form 64	1,	
Under penalty of perjury, I decl statements, and that all statem				accompanying schedu	iles and	
This report must be signed by either the Pr	esident, Vice-President,	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Re	apresentative, Receiver or Trus	tee	
Name of Officer/Authorized Representative Paul J. Adler				Date 8/2/19	8/2/19	
Signature of Officer/Authorized Re	epresentative	11 12 12 1	FILED			
, so we	·		AUG n 5 2019	-		

MAIL TO:

Division of Business Services

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Roger Begin

Certified Financial Planner 15 Riverside Drive South Kingstown, RI 02879

Peter Capodilupo

345 Thames Street, N207 Bristol, RI 02809

Sarah T. Dowling

50 Park Row West, #216 Providence, RI 02903

Jonathan Fain

Chairman & CEO Teknor Apex Company 505 Central Avenue Pawtucket, RI 02861

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Michael Hanna, CPA

271 Wordens Pond Road Wakefield, RI 02879

Pamela Harrop, M.D.

Medical Associates of RI 1180 Hope Street Bristol, RI 02809

Alan Litwin (Vice Chairman)

Kahn, Litwin, Renza & Co. Ltd. 951 North Main Street Providence, RI 02904

Joseph J. MarcAurele,

130 Fox Run East Greenwich, RI 02818

Steven Paré

Commissioner of Public Safety City of Providence 325 Washington Street Providence, RI 02903

Lawrence Sadwin

18 Oyster Point Warren, RI 02885-4117

Shivan Subramaniam

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