



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

Annual Report for the year: **2019**

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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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2019 SEP - 3
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1. Entity ID Number 000003728		2. Exact name of the Corporation MILL RIVER COMMUNITY HOUSING CORPORATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Own real estate under HUD 202 Project providing residential services for adults with mental illness.			
4. NAICS Code 624229 - Other Community					
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 ☐					
President Name Scott DiChristoforo			Vice-President Name		
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 ☐					
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 Joseph K. Sabetta		
Street Address United Way RI ADRC/The Point, 50 Valley Street			Street Address 10 Weybosset Street, Suite 700		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02903
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 Representative Scott DiChristoforo				Date 8/23/19	
Signature of Officer/Authorized Representative <i>Scott DiChristoforo</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

SEP 03 2019

BY *AJ4KZ*
A.A.

Mill River Community Housing Corporation
ID# 3728

Directors

Scott DiChristofero, President – Realty Board Gateway Healthcare, Suite 205 249 Roosevelt Avenue Pawtucket, RI 02860
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