

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

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2020 JUL -2 AM 10: 57

Annual Report for the year: 2020 **Non-Profit Corporation**

-> Filing period: June 1 - June 30

→ Filing Fee: \$20,00

1. Entity ID Number 000105241	2. Exact name of the Corporation SHORE COURTS, INC.				
3. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island Charitable and/or educational purposes.				
4. NAICS Code 624229 - Other Communit ▼					
6. Principal Office Address			City	State	Zip
c/o Gateway Healthcare, 249 Roosevelt Ave			Pawtucket	RI	02860
7. List ALL officers (names and addresses)			····	Check the box to indic	ale an attachment
President Name Scott DiChristofero			Vice-President Name		
Street Address 249 Roosevelt Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zīp
Secretary Name Pamela S. LaBreche			Treasurer Name Joseph K. Sabetta		
Street Address 53 Duchess Road			Street Address 10 Weybosset St		
City Cumberland	State RI	^{Zip} 02884	City Providence	State RI	^{Žip} 02903
8. List ALL directors (names and a	ddresses). Rl Cor	porations MUST (ist at least THREE directors.	Check the box to indic	ate an attachment
Director Name Robert A. Mancini (Chair)			Director Name Pamela S. LaBreche (Vice Chair)		
Street Address RISCPA, 40 Sharpe Drive, Unit 5			Streel Address 53 Duchess Road		
City Cranston	State RI	Zip 02920	City Cumberland	State RI	Zip 02864
Director Name James E. Burdick			Ofrector Name Joseph K. Sabetta		
Street Address United Way RI ADRC/The Point, 50 Valley St			Street Address 10 Weybosset St		
City Providence	State RI	Zip 02909	City Providence	State RJ	^{Zip} 02903
9. Registered Agent in Rhode Islan	nd. This information	is currently of recor	d in the Department of State. Chang	res require filing Form 64	
Under penalty of perjury, I decia statements, and that all stateme	re and affirm that nts contained he	t i have examine rein are true and	d this report, including any ac	companying schedu	iles and
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant S	ecretery, Treasurer, duly Authorized Repr	esentative, Receiver or Trus	tee.
Name of Officer/Authorized Representative Scott DIChristofero				Date /	1/40
Signature of Officer/Authorized Re	esentative	\$ 5M 500	Marki markfillED	1 (9/.3)	16811
MAIL TO:	A JUL X 2 2020				

Division of Business Services

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

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

FORM 631 - Revised: 06/2019

Shore Courts, Inc. ID#: 105241

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