



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

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Annual Report for the year: **2020**

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.

1. Entity ID Number 000087899		2. Exact name of the Corporation WENTWORTH CORPORATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To buy, own, sell, mortgage, or lease any interest in real estate and personal property.			
4. NAICS Code 624229 - Other Communit					
6. Principal Office Address c/o Gateway Healthcare, 249 Roosevelt Ave		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			
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 53 Duchess Road		Street Address 10 Weybosset St			
City Cumberland	State RI	Zip 02864	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 53 Duchess Road			
City Cranston	State RI	Zip 02920	City Cumberland	State RI	Zip 02864
Director Name James E. Burdick		Director 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 RI	Zip 02903
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
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 6/24/20
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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Wentworth Corporation
ID#: 87899

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