RI SOS Filing Number: 202199401420 Date: 7/16/2021 4:00:00 PM

## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:	2021
Non-Profit Corporation	

→ Filing period: June 1 - June 30

→ Filing Fee: \$20 00

R.I. DEPT. OF STATE

→ Penalty Additional \$25.00 fee if	form is not filed	by July 30.	DO2-24.02 DIA			
1. Entity ID Number	2. Exact nan	ne of the Corporation		2021 JUL 16 A	<del>(10-34</del>	
000105241	Shore Co	ourts, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Charitable and/or educational purposes					
4. NAICS Code	1				;	
624229 - Other Community H						
6. Principal Office Address		· ·	City	State	Zip	
c/o Gateway Healthcare, 1 Virginia Avenue, Suite 200			Providence	RI	02905	
7. List ALL officers (names and addresses)				Check the box to indic	cate an attachment	
President Name Scott DiChristofero			Vice-President Name			
Street Address Gateway Healthcare, 1 Virginia Avenue, Suite 200			Street Address			
City Providence	State RI	<sup>Zip</sup> 02905	City	State	Zıp	
Secretary Name Pamela S LaBreche		Treasurer Name Joseph K. Sabetta				
Street Address 53 Duchess Road		Street Address 10 Weybosset Street, Suite 700				
City Cumberland	State RI	<sup>Zıp</sup> 02864	City Providence	State RI	<sup>Zip</sup> 02903	
8. List ALL directors (names and a	ddresses). RI (	Corporations MUST lis	t at least THREE directors.	Check the box to indic	cate an attachment 🔽	
Director Name Robert A. Mancini (Chair)			Director Name Pamela S. LaBreche (Vice Chair & Secretary)			
Street Address 10 Weybosset Street, Suite 200		Street Address 53 Duchess Road				
<sup>City</sup> Providence	State RI	<sup>Z<sub>IP</sub></sup> 02903	<sup>Crty</sup> Cumberland	State RI	<sup>Z<sub>IP</sub></sup> 02864	
Director Name Joseph K. Sabetta			Director Name James E. Burdick			
Street Address 10 Weybosset Street, Suite 700		Street Address 77 Gray Street				
City Providence	State RI	<sup>Zıp</sup> 02903	<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	
9. The Registered Agent information	on of record wi	th the RI Department o	of State is accurate. Change	es require filing Form 64	l. <sup>*</sup>	
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	ules and	
This report must be signed by either the Pre	_	ent, Secretary, Assistant Sec	cretary, Treasurer, duly Authorized F	Representative, Receiver or Tru	stee	
Name of Officer/Authorized Representative Scott DiChristofero			Date / /	Date / /		
				7/9/2/		
Signature of Officer/Authorized Re	presentative			•		
Scott Wil May FILED						

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov JUL 16 2021

BY Cu Ch# 100086469

FORM 631 - Revised: 08/2020

## Shore Courts, Inc. ID #00010541

## 8. Directors

Michael Furia, Jr. 142 Aldrich Road North Scituate, RI 02857

Devial 1885 to

**David White** 

1401 Newport Avenue

Pawtucket, RI 02861

Nicole M. Corbin, Esq.

10 Weybosset Street, Suite 900

Providence, RI 02903

Timothy J. Babineau, M.D.

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Providence, RI 02903