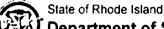
RI SOS Filing Number: 202199401970 Date: 7/16/2021 4:00:00 PM



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

-> Penalty Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact nam	ne of the Corporation				
00037744	Obed Ap	artments, Inc.				
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island		To establish, maintain, and operate food service and other vocational training and				
4. NAICS Code	rehabilitatio	in.				
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 indi	cate an attachment		
President Name Scott DiChristofero		Vice-President Name				
Street Address Gateway Healtho	are, 1 Virginia	Avenue, Suite 200	Street Address			
City Providence	State RI	^{Zip} 02905	City	State	Zip	
Secretary Name Pamela S. LaBr			Treasurer Name Joseph K. Sabetta			
Street Address 53 Duchess Road			Street Address 10 Weybosset Street, Suite 700			
City Cumberland	State RI	^{Zip} 02864	City Providence	State RI	^{Zip} 02903	
8. List ALL directors (names and	addresses). RI (Corporations MUST lis	at at least THREE directors.	Check the box to indi	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				
City Providence	State RI	^{Zip} 02903	City Cumberland	State RI	Zip 02864	
Director Name Joseph K. Sabeti	ta		Director Name James E. Burdick			
Street Address 10 Weybosset Street, Suite 700		Street Address 77 Gray Street				
City Providence	State RI	^{Zip} 02903	City Warwick	State RI	Zip 02889	
9. The Registered Agent informat	ion of record wit	h the RI Department c	of State is accurate. Change	s require filing Form 64	1.	
Under penalty of perjury, I deci- statements, and that all statem	are and affirm t ents contained	hat I have examined herein are true and	this report, including any correct.	accompanying sched	ules and	
This report must be signed by either the Pr		ent, Secretary, Assistant Sec	retary Treasurer, duly Authorized R	Representative, Receiver or Tru	stee	
Name of Officer/Authorized Repre	esentative			Date	/	
Scott DiChristofero			7/9/21			
Signature of Officer/Authorized Re	epresentative		FILE	D		

MAIL TO:

Division of Business Services

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

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

34/4_CL# 86469

FORM 631 - Revised: 08/2020

Obed Apartments, Inc. ID #00037744

8. Directors

Michael Furia, Jr.
142 Aldrich Road
North Scituate, RI 02857
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.
593 Eddy Street
Providence, RI 02903