



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

→ 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

2021 JUL 16 A 10:34

1. Entity ID Number 00037744		2. Exact name of the Corporation Obed Apartments, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish, maintain, and operate food service and other vocational training and rehabilitation.			
4. NAICS Code 624229 - Other Community Health Care					
6. Principal Office Address c/o Gateway Healthcare, 1 Virginia Avenue, Suite 200		City Providence		State RI	Zip 02905
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 Gateway Healthcare, 1 Virginia Avenue, Suite 200			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Pamela S. LaBrecht			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 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. LaBrecht (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. Sabetta			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 information of record with the RI Department of State is accurate. 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 DiChristofero				Date 7/9/21	
Signature of Officer/Authorized Representative <i>Scott DiChristofero</i>					

FILED

JUL 16 2021

BY *CL* # *86469*

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