

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

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→ Penalty. Additional \$25.00 fee if	form is not filed b	y July 30.		2021 .11	L 16 A 10. 31	
1. Entity ID Number	2. Exact name of the Corporation					
000044995	JM Apartments, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Non-profit mental health and substance abuse providers in Gateway Health network					
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 indicate an attachment			
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. LaBreche		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	Z _{IP} 02903	
8. List ALL directors (names and ac	ddresses). RI Co	prporations 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				
City Providence	State RI	^{Zip} 02903	City Cumberland	State RI	^{Zıp} 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	Z _{IP} 02889	
9. The Registered Agent information	n of record with	the RI Department o	of State is accurate. Changes	require filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all statements	re and affirm th nts contained h	at I have examined erein are true and	this report, including any a correct.	ccompanying sched	ules and	
This report must be signed by either the Pres		t. Secretary, Assistant Sec	cretary, Treasurer duly Authorized Rep	presentative. Receiver or Tru	stee	
Name of Officer/Authorized Representative			Date	Date		
Scott DiChristofero				199/0	<u> </u>	
Signature of Officer/Authorized, Rep	rature of Officer/Authorized Representative FILED					

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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JM Apartments, Inc. ID #000044995

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

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