



**State of Rhode Island
Department of State - Business Services Division**

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Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000003728		2. Exact name of the Corporation Mill River Community Housing Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Own real estate under HUD 202 project providing residential services for adults			
4. NAICS Code 624229 Comm Housing					
6. Principal Office Address c/o Gateway Healthcare, 1 Virginia Avenue, Ste 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 Henry Sachs, III, M.D.		Vice-President Name			
Street Address 1101 Veterans Memorial Parkway		Street Address			
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Nicole M. Corbin, Esq.		Treasurer Name Joseph K. Sabetta			
Street Address 238 West Shore Road		Street Address 6 Stagecoach Drive			
City Warwick	State RI	Zip 02889	City Johnston	State RI	Zip 02919
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 34 Peverk Road		Street Address 53 Duchess Road			
City Cranston	State RI	Zip 02920	City Cumberland	State RI	Zip 02804
Director Name James E. Burdick		Director Name Joseph K. Sabetta			
Street Address 77 Gray Street		Street Address 6 Stagecoach Drive			
City Warwick	State RI	Zip 02889	City Johnston	State RI	Zip 02919
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.					
<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 Henry Sachs, III, M.D.				Date 2/10/24	
Signature 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

MAR 14 2024
 BY ML 100101279

Mill River Community Housing Corporation
ID #000003728

8. Directors

Michael Hogan 20 Holbrook Avenue Rumford, RI 02916
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David White World Insurance Associates, LLC 20 Newman Avenue, Suite 2001 Rumford, RI 02916

Nicole M. Corbin, Esq. 237 West Shore Road Warwick, RI 02889
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