

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

1. Entity ID No.	2. Exact na	me of the Corporation					
26714	Human	Human Services Realty, Inc.					
3. State of Incorporation		f description of the character of business conducted in Rhode Island -profit mental health and substance abuse providers in Gateway Healthcare york.					
5. Principal office address c/o Gateway Healthcare, Inc., 249 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860		
	PALMES AND ADD	TESTER FY BOX FOR	(TTACHMENT)				
President Name	· -		Vice-President Name				
Frederick Macri	erick Macri			Thomas Magliocchetti			
Street Address		··· ·,- ·,-	Street Address 593 Eddy Street				
593 Eddy Street			593 Eddy Street				
City	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
Secretary Name	t		Treasurer Name				
lody Bishop			Thomas Magliocche	tti			
Street Address			Street Address				
593 Eddy Street			593 Eddy Street				
City	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
LIST ALL DIRECTOR ("X" BOX FOR ATTA	IS (NAMES AND ADI CHMENT) 🗸	DRESSES). RHODE ISLAI	D CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIREC		
Director Name			Director Name		<u> </u>		
eter Arden			Lawrence A. Aubin S	Sr.			
treet Address			Street Address				
0 Taylor Drive			Aubin Corporation/1	460 Fall River A	venue		
City	State	Zip	City	State	Zip		
lumford	RI	02916	Seekonk	MA	02771		
irector Name	<u> </u>		Director Name				
imothy J. Babines	au, M.D. (ex-offic	io)	Emanuel (Manny) Ba	irrows			
treet Address			Street Address				
93 Eddy Street			One Turks Head Place	ce			
ity	State	Zip	City	State	Zip		
rovidence	RI	02903	Providence	RI	02903		
REGISTERED AGENT	IN RHODE ISLAND						
his information is curr	ently of record in the	e Office of the Secretary	of State. Changes require fili	na Form 641.			
			ary, Assistant Secretary, Treas		Panracantatin		

File Debe	FILED	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.		
China No.	JUN 2 6 2015	Truckfler	6/19/15	
	C22 (C11	Signature of Officer or Authorized Representative	Øate	
FOR SECRETARY OF STATE USE ONLY BY.	100050199	Frederick Macri		

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014

Human Services Realty, Inc. Corporation ID No. 26714

7. Additional Board of Directors

Arthur Bert, M.D. Lifespan Corporation 593 Eddy Street Providence, RI 02903

Michael Hanna Blum Shapiro 50 Holden Street Providence, RI 02908