



State of Rhode Island and Providence Plantations
Department of State - Business Services Division


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Annual Report for the year: 2016

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.

1. Entity ID Number 26714		2. Exact name of the Corporation Human Services Realty, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-profit mental health and substance abuse providers in Gateway Healthcare			
5. Principal Office Address c/o Gateway Healthcare, Inc., 249 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas Dominick, Jr.			Vice-President Name		
Street Address 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Jody Bishop			Treasurer Name Mary A. Wakefield		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. 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 Michael Hanna (Chair)			Director Name Paul J. Adler		
Street Address BlumShapiro/50 Holden Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02903
Director Name Timothy J. Babineau, M.D.			Director Name Nicholas Dominick, Jr.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Nicholas Dominick, Jr.				Date 8/22/16	
Signature of Officer/Authorized Representative 					

FILED

AUG 26 2016

By  282191

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Human Services Realty, Inc.
Corporation ID No. 26714

7. Additional Board of Directors

Margaret M. Van Bree, MHA, DrPH
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

Mary A. Wakefield
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903