



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

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.

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R.I. DEPT. OF STATE

1. Entity ID Number <b>000045279</b>		2. Exact name of the Corporation <b>Alternative Living Concepts</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Real estate holding corporation for properties housing mentally ill.</b>			
4. NAICS Code 622110 - General Medical and Su					
6. Principal Office Address <b>c/o Gateway Healthcare, 1 Virginia Avenue, Suite 200</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Nicholas Dominick, Jr.</b>			Vice-President Name		
Street Address <b>593 Eddy Street</b>			Street Address		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>	City	State
Secretary Name <b>Paul J. Adler</b>			Treasurer Name <b>David A. Kirshner, EVP, CFO</b>		
Street Address <b>593 Eddy Street</b>			Street Address <b>593 Eddy Street</b>		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David A. Kirshner, EVP, CFO (Chair &amp; Treasurer)</b>			Director Name <b>Paul J. Adler</b>		
Street Address <b>593 Eddy Street</b>			Street Address <b>593 Eddy Street</b>		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>
Director Name <b>Nicholas Dominick, Jr.</b>			Director Name <b>Cathy E. Duquette, PhD, RN, NEA-BC, CPHQ, FNAHQ</b>		
Street Address <b>593 Eddy Street</b>			Street Address <b>593 Eddy Street</b>		
City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Paul J. Adler</b>				Date <b>3/19/2022</b>	FILED
Signature of Officer/Authorized Representative <i>Paul J. Adler</i>					

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BY *CF MARKET*  
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