



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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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 RI DEPT. OF STATE
 BUS SVCS DIV

2023 APR -5 A 11:08

1. Entity ID Number 00037744		2. Exact name of the Corporation Obed Apartments, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish, maintain, and operate food service and other vocational training and rehabilitation.			
4. NAICS Code 624229 - Other Community Hou					
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 Scott DiChristofero		Vice-President Name			
Street Address Gateway Healthcare, 1 Virginia Avenue		Street Address			
City Providence	State RI	Zip 02905	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 02864
Director Name Joseph K. Sabetta		Director Name James E. Burdick			
Street Address 6 Stagecoach Drive		Street Address 77 Gray Street			
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02889
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 Scott DiChristofero					Date 2/24/23
Signature of Officer/Authorized Representative 					FILED
APR 05 2023					

BY ML 100095439

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

Obed Apartments, Inc.
ID #00037744

8. Directors

Michael Hogan 20 Holbrook Avenue Rumford, RI 02916
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
John Fernandez President & CEO Lifespan Corporation 167 Point Street Providence, RI 02903