



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDGOS BSD
24 MAR 14 PM 10:35:43

1. Entity ID Number 000045279		2. Exact name of the Corporation Alternative Living Concepts			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Real Estate holding corporation for properties housing the mentally ill.			
4 NAICS Code 622110 - General Medic					
6. Principal Office Address c/o Gateway Healthcare, Inc. 1 Virginia Ave, 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 Nicholas Dominick, Jr.		Vice-President Name			
Street Address 593 Eddy Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Paul J. Adler		Treasurer Name Eva Greenwood			
Street Address 167 Point St, Suite 2B		Street Address 167 Point St, Suite 2B			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Fernandez		Director Name Paul J. Adler			
Street Address 167 Point Street		Street Address 167 Point Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Nicholas Dominick, Jr.		Director Name Eva Greenwood			
Street Address 593 Eddy Street		Street Address 167 Point Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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.					
<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 Paul J. Adler					Date 3/26/2024
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 100101288