



State of Rhode Island
Department of State - Business Services Division

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 MAR 14 2024
 10:00 AM
 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.

1. Entity ID Number 000037744		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 Comm Housing					
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 Henry Sachs, III, M.D.			Vice-President Name		
Street Address 1101 Veterans Memorial Parkway			Street Address		
City East Providence	State RI	Zip 02915	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 02004
Director Name James E. Burdick			Director Name Joseph K. Sabetta		
Street Address 77 Gray Street			Street Address 6 Stagecoach Drive		
City Warwick	State RI	Zip 02889	City Johnston	State RI	Zip 02919
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 Henry Sachs, III, M.D.				Date 2/16/24	
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 100101279

Obed Apartments, Inc.
ID #000037744

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. 238 West Shore Road Warwick, RI 02889