



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000559157

**2. Name of Corporation** Rhode Island Medical Marijuana Compassion Center

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 495 WEST AVENUE

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO SUPPORT AND OPERATE A COMPASSION CENTER THROUGH THE PROVISION OF PRODUCTS, CLINICAL SERVICES, PLANT GROW CLASSES AND PATIENT SERVICES

**7. Names and Addresses of the Officers and Directors:**

*All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete*

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| DIRECTOR     | SHEREE A, CARTER-PAULINO                              | 495 WEST AVENUE<br>PAWTUCKET, RI 02860 USA                        |
| DIRECTOR     | JO ANN LEMAIRE                                        | 32 CONGDON HILL ROAD<br>W. GREENWICH, RI 02816 USA                |
| DIRECTOR     | NANCY ALMAGNO                                         | 15 SUNSET DRIVE<br>RICHMOND, RI 02892 USA                         |
| DIRECTOR     | DONNA MARCELONIS                                      | 160 PIGHILL ROAD<br>COVENTRY, RI 02816 USA                        |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SHEREE A CARTER-PAULINO 495 WEST AVENUE PAWTUCKET , RI 02860

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 30 Day of July, 2011 at 12:07:48 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SHEREE CARTER-PAULINO  
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or  
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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