



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 526284		2. Exact name of the Corporation Thomas C. Slater Compassion Center, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To operate a licensed compassion center			
5. Principal office address 150 Union Street #206		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gerald J. McGraw, Jr.		Vice-President Name			
Street Address 150 Union Street #206		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gerald J. McGraw, Jr.		Director Name Sanford J. Resnick			
Street Address 150 Union Street #206		Street Address 300 Centerville Road Suite 300			
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02886
Director Name James E. Griffin, Jr.		Director Name			
Street Address 49 Twin Birch Drive		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date

JUN 15 2012

Check No

By:

BY

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Gerald J. McGraw, Jr.

Print or Type Name of Officer

President

Title of Officer

6/14/12

Date