



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:** 2014

**1. Corporate ID No.** 000529285

**2. Name of Corporation** Greenleaf Compassionate Care Center, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1637 WEST MAIN ROAD

PO BOX 118

City or Town: PORTSMOUTH

State: RI Zip: 02871 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 GROW AND PROVIDE ORGANIC MEDICAL MARIJUANA TO PATIENTS LICENSED UNDER THE RHODE ISLAND MEDICAL MARIJUANA PROGRAM, RIGL SECTION 21-28.6-ET SEQ, AND OTHER RELATED LAWFUL PURPOSES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

Title	Individual Name	Address
TREASURER	RICHARD W RADEBACH	2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA

CHIEF FINANCIAL OFFICER	RICHARD W RADEBACH	2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA
CHIEF EXECUTIVE OFFICER	SEH BOCK DR	27 HOLTEN AVENUE NEWPORT, RI 02840 US
DIRECTOR	RICHARD W RADEBACH	2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 US
DIRECTOR	JULIE STAPLETON	27 HOLTEN AVENUE NEWPORT, RI 02840 US
DIRECTOR	SETH BOCK DR	27 HOLTEN AVENUE NEWPORT, RI 02840 US

**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**

SETH BOCK 1637 WEST MAIN ROAD P.O. BOX 118 PORTSMOUTH , RI 02871

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

**Signed this 4 Day of June, 2014 at 5:49:49 PM by the authorized person. *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 company, 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 RICHARD W. RADEBACH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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