



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

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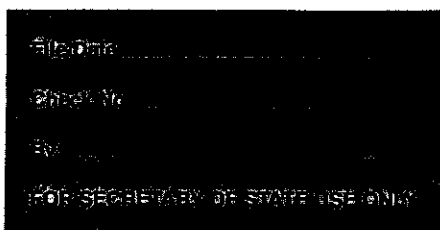
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 000540590		2. Exact name of the Corporation Summit Medical Compassion Center, Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide health services and patient education related to pain management and wellness pursuant to and in compliance with Rhode Island law, including without limitation the rules and regulations of the Rhode Island Department of Health.	
5. Principal office address c/o Armand C. Spaziano, 380 Jefferson Blvd., Unit E-2		City Warwick	State RI
		Zip 02886	
President Name Armand C. Spaziano		Vice-President Name	
Street Address 114 Heather Street		Street Address	
City Cranston	State RI	Zip 02920	
Secretary Name James M. Curcio, Jr.		Treasurer Name Captain Robert A. McQueeney	
Street Address 44 Killdeer Road		Street Address 56 Harbour Island Road	
City Warwick	State RI	Zip 02888	City Narragansett
			State RI
			Zip 02882
Director Name Armand C. Spaziano		Director Name Captain Robert A. McQueeney	
Street Address 114 Heather Street		Street Address 56 Harbour Island Road	
City Cranston	State RI	Zip 02920	City Narragansett
			State RI
			Zip 02882
Director Name James M. Curcio, Jr.		Director Name	
Street Address 44 Killdeer Road		Street Address	
City Warwick	State RI	Zip 02888	City
			State
			Zip
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, duly Authorized Representative, Receiver or Trustee



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.

FILED

DEC 30 2015

By C8448106 **Armand C. Spaziano, President**

Armand C. Spaziano
Signature of Officer or Authorized Representative

12/30/2015

Date

Print or Type Name of Officer or Authorized Representative