



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2016

## Non-Profit Corporation

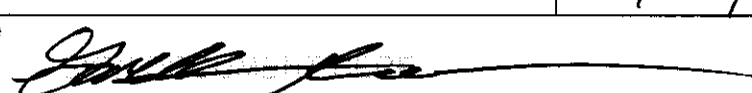
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 MAR 29 AM 10:42

1. Entity ID Number <b>001658096</b>		2. Exact name of the Corporation <b>New England Compassion, Inc.</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To educate Patients and Caregivers.</b>	
5. Principal Office Address <b>57 Apollo St.</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02888</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Garrett Romano</b>		Vice-President Name <b>Robert Stacks</b>	
Street Address <b>57 Apollo St.</b>		Street Address <b>57 Apollo St.</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
Secretary Name <b>Robert Stacks</b>		Treasurer Name	
Street Address <b>57 Apollo St.</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02888</b>		Zip	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Garrett Romano</b>		Director Name <b>Robert Stacks</b>	
Street Address <b>57 Apollo St.</b>		Street Address <b>57 Apollo St.</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
Director Name <b>David Russo</b>		Director Name	
Street Address <b>43 Lydick Ave.</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02888</b>		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <b>Garrett Romano</b>		Date <b>3/23/17</b>	
Signature of Officer/Authorized Representative 			

FILED

MAR 29 2017

By **2995207**

A.A. 10:43 A.M.

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov