



**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: 2018

1. Corporate ID No. 000529285

2. Name of Corporation GREENLEAF COMPASSIONATE CARE CENTER, INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

111900

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-------------------------|---|---|
| PRESIDENT | SETH HARRISON BOCK | 70 SLOCUM RD PORTSMOUTH, RI 02871 USA |
| TREASURER | RICHARD W RADEBACH | 2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA |
| SECRETARY | JULIE STAPLETON | 70 SLOCUM RD PORTSMOUTH, RI 02871 USA |
| CHIEF EXECUTIVE OFFICER | SETH HARRISON BOCK | 70 SLOCUM ROAD PORTSMOUTH, RI 02871 USA |
| CHIEF FINANCIAL OFFICER | RICHARD W RADEBACH | 2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA |
| DIRECTOR | RICHARD W RADEBACH | 2077 EAST MAIN ROAD PORTSMOUTH, RI 02871 US |
| DIRECTOR | JULIE STAPLETON | 70 SLOCUM ROAD PORTSMOUTH, RI 02871 USA |
| DIRECTOR | ROBERT DONAHUE | 729 BELLEVUE AVE UNIT 4 NEWPORT, RI 02840 USA |
| DIRECTOR | SETH HARRISON BOCK | 70 SLOCUM ROAD PORTSMOUTH, RI 02871 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

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 15 Day of June, 2018 at 10:32:09 AM 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