



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUN 10 2019

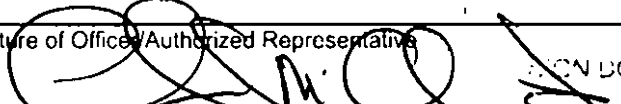
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Annual Report for the year: **2019**

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.

1. Entity ID Number 526284		2. Exact name of the Corporation Thomas C. Slater Compassion Center, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to operate a licensed compassion center			
4. NAICS Code 813212 - Voluntary Health O					
6. Principal Office Address 62 Seaview Drive		City Cranston	State RI	Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gerald J. McGraw, Jr.			Vice-President Name		
Street Address 62 Seaview Drive			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gerald J. McGraw, Jr.			Director Name Sanford J. Resnick		
Street Address 62 Seaview Drive			Street Address 300 Centerville Road, Suite 300 West		
City Cranston	State RI	Zip 02905	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
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Gerald J. McGraw, Jr.					Date 06/05/2019
Signature of Officer/Authorized Representative 					NON DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov