



**State of Rhode Island
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: 2021

1. Corporate ID No. 001711106

2. Name of Corporation R.M.I. Compassion 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

4. Principal Office Address

No. and Street: 100 EXCHANGE ST
UNIT 505

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

R.M.I. COMPASSION CENTER, INC. IS A NON-PROFIT CORPORATION AND SHALL OPERATE FOR EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501 OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. R.M.I. COMPASSION CENTER, INC. IS BEING ORGANIZED SO IT SHALL OPERATE ON A NOT FOR PROFIT BASIS IN COMPLIANCE WITH THE MEDICAL MARIJUANA ACT, CHAPTER 21-28. THE

CORPORATION IS ALSO BEING ORGANIZED TO EDUCATE THE PUBLIC AND PROMOTE ADDICTION AWARENESS AND PREVENTION, AND OPERATE AS A LEGAL COMPASSION CENTER

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL J ISIKWE, PHARMD, MS	100 EXCHANGE STREET, UNIT 505 PROVIDENCE, RI 02903 USA
DIRECTOR	MAKANJUOLA A. FALAYE, MBA, CPA	190 BROAD STREET, SUITE 3W PROVIDENCE, RI 02903 USA
DIRECTOR	PAUL J ISIKWE, PHARMD, MS	100 EXCHANGE STREET, UNIT 505 PROVIDENCE , RI 02903 USA
DIRECTOR	CLEOPATRA M IRELAND, MBA	100 EXCHANGE STREET, UNIT 505 PROVIDENCE, RI 02903 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PAUL J. ISIKWE, PHARMD, MS 100 EXCHANGE STREET, UNIT 505 PROVIDENCE , RI 02903

8. 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, 2021 at 11:01:03 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 PAUL J. ISIKWE
Signature of Authorized Person

Form No. 631
Revised 09/07

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