



**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.** 001715040

**2. Name of Corporation** Livity Compassion Center

**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



813212

**4. Principal Office Address**

No. and Street: 185 YORK AVENUE

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 185 YORK AVENUE

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

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

TO OPERATE A RHODE ISLAND-LICENSED COMPASSION CENTER IN COMPLIANCE  
WITH §21-28.6 OF THE RHODE ISLAND GENERAL LAWS AND ENGAGE IN ANY LAWFUL  
ACTIVITY FOR WHICH A NON-PROFIT CORPORATION MAY BE ORGANIZED UNDER  
CHAPTER 7-6 OF THE RHODE ISLAND GENERAL LAWS, AS AMENDED, OR THE  
CORRESPONDING PROVISIONS OF ANY FUTURE STATUTE ENACTED IN  
SUBSTITUTION THEREOF.

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country                |
|--------------|--|---|
| INCORPORATOR | CYNTHIA J. WARREN, ESQ.                        | CAMERON & MITTELMAN LLP, 301 PROMENADE STREET<br>PROVIDENCE, RI 02908 USA |
| DIRECTOR     | DANIELLE FOSS                                  | 185 YORK AVENUE<br>PAWTUCKET, RI 02860 USA                                |
| DIRECTOR     | JEFF FOSS                                      | 185 YORK AVENUE<br>PAWTUCKET, RI 02860 USA                                |
| DIRECTOR     | JEFFREY THORPE                                 | 185 YORK AVENUE<br>PAWTUCKET, RI 02860 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**

CYNTHIA J. WARREN, ESQ. CAMERON & MITTELMAN LLP 301 PROMENADE STREET  
PROVIDENCE , RI 02908

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 12 Day of July, 2021 at 4:45:46 PM 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 DANIELLE FOSS  
Signature of Authorized Person

Form No. 631  
Revised 09/07