



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. 001716042

2. Name of Corporation Coastal 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



325411

4. Principal Office Address

No. and Street: 316 SUCCOTASH ROAD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

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

TO OPERATE A LICENSED COMPASSION CENTER PURSUANT TO RIGL 21-28-6 THE EDWARD O. HAWKINS AND THOMAS C. SLATER MEDICAL MARIJUANA ACT AND FOR ANY OTHER LAWFUL PURPOSE.

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	THOMAS FALCONE	316 SUCCOTASH ROAD

		WAKEFIELD, RI 02879 USA
DIRECTOR	THOMAS FALCONE	316 SUCCOTASH ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	CHRISTOPHER SOLEAU	73 HARTFORD AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	ALEXANDER DOWLATSHAHI	1150 OAKLAWN AVENUE CRANSTON, RI 02920 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**

THOMAS FALCONE 316 SUCCOTASH ROAD WAKEFIELD , RI 02879

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

Signed this 25 Day of October, 2021 at 2:31:42 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 THOMAS FALCONE
Signature of Authorized Person

Form No. 631
Revised 09/07

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