State of Rhode Island
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Domestic Non-Profit
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001711106

2. Name of Corporation R.M.I. Compassion Center, Inc.

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

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 842
City or Town: PROVIDENCE State: RI Zip: 02901 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually 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

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
DIRECTOR	XOLISA BURRELL	297 BLACK POINT LANE PORTSMOUTH, RI 02871 USA
PRESIDENT	PAUL J. ISIKWE, PHARMD, MS	PO BOX 842 PROVIDENCE, RI 02901 USA
DIRECTOR	CLEOPATRA M. ISIKWE, MBA	PO BOX 842 PROVIDENCE, RI 02901 USA
DIRECTOR	PAUL J. ISIKWE, PHARMD, MS	PO BOX 842 PROVIDENCE, RI 02901 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

PAUL J. ISIKWE, PHARMD, MS 100 EXCHANGE ST UNIT 1203 PROVIDENCE , RI 02903

Signed this 24 Day of November, 2021 at 1:59:25 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 PAUL J. ISIKWE
Signature of Authorized Person

Form No. 631
Revised 09/07