



State of Rhode Island
Department of State - Business Services Division

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2021 DEC 29 10:30

Annual Report for the year: **2021**

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.

FOR
 CERTIFICATION
 USE ONLY

1. Entity ID Number 001716164		2. Exact name of the Corporation Solar Therapeutics Rhode Island, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Solar Therapeutics Rhode Island, Inc. is a non-profit corporation which is committed to positively impacting its local community by providing high-quality alternative therapy and wellness products and patient education to qualified registered patients of Rhode Island's Medical Marijuana Program while maintaining a sustainable and environmentally friendly business model.			
4. NAICS Code 813212 - Voluntary Health Organ					
6. Principal Office Address One Turks Head Place, Suite 1200			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas J. Hemond, Esq.			Vice-President Name None		
Street Address One Turks Head Place, Suite 1200			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Jill Nasuti			Treasurer Name Ronald Rapoport		
Street Address 15 Palisade Lane			Street Address 48 Leonard Drive		
City Barrington	State RI	Zip 02806	City Tiverton	State RI	Zip 02878
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 Ronald Rapoport			Director Name Nicholas J. Hemond, Esq.		
Street Address 48 Leonard Drive			Street Address One Turks Head Place, Suite 1200		
City Tiverton	State RI	Zip 02878	City Providence	State RI	Zip 02903
Director Name Jill Nasuti			Director Name		
Street Address 15 Palisade Lane			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Jasmine Carcieri, Incorporator/Authorized Representative				Date 12/17/2021	
Signature of Officer/Authorized Representative <i>Jasmine Carcieri</i>					

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

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