



**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: February 1 - May 1*

*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:** 2023

**1. Corporate ID No.** 001705679

**2. Name of Corporation** Rhode Island Care Concepts, 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  
813990

**4. Principal Office Address**

No. and Street: 15 CIRCLE ST.  
City or Town: EAST PROVIDENCE State: RI Zip: 02916 Country: USA

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

PROVIDING KNOWLEDGEABLE EXPERTISE AND SAFE ACCESS TO LEGAL MEDICAL MARIJUANA TO RHODE ISLAND PATIENTS LIVING WITH DEBILITATING MEDICAL CONDITIONS AS WELL AS ANY OTHER LAWFUL ACTIVITIES PURSUANT TO RIGL 7-6-4.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	LISA GARGARO	15 CIRCLE STREET RUMFORD, RI 02916 UNI
DIRECTOR	DAVID JOHNSTON	15 CIRCLE ST. EAST PROVIDENCE, RI 02916 USA
DIRECTOR	SHANE COOPER	15 CIRCLE ST. EAST PROVIDENCE, RI 02916 USA
DIRECTOR	ANDY COTTON	15 CIRCLE ST. EAST PROVIDENCE, RI 02916 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**

JEFFREY PADWA, ESQ. ONE PARK ROW, 5TH FLOOR 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 1 Day of February, 2023 at 1:46:24 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 LISA GARGARO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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