State of Rhode Island
Office of the Secretary of State

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

Fee: $20.00

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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000526284

2. Name of Corporation Thomas C. Slater Compassion Center, Inc.

3. State of Incorporation

State: RI

NAICS CODE

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: 62 SEAVIEW DRIVE
City or Town: CRANSTON State: RI Zip: 02905 Country: USA

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

TO OPERATE A LICENSED COMPASSION CENTER

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

DIRECTOR	SANFORD J RESNICK	300 CENTERVILLE ROAD WARWICK, RI 02886 USA
PRESIDENT	GERALD J. MCGRAW JR	62 SEAVIEW DRIVE CRANSTON, RI 02905 USA
DIRECTOR	GERALD J MCGRAW JR.	62 SEAVIEW DRIVE CRANSTON, RI 02905 USA
DIRECTOR	JOSEPH A. MARAIA	650 EAST GREENWICH AVENUE, APT. 3-207 WEST WARWICK, RI 02893 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

SANFORD J. RESNICK, ESQ. 300 CENTERVILLE ROAD SUMMIT WEST, SUITE 300 WARWICK , RI 02886

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 January, 2024 at 3:30:56 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 GERALD J. MCGRAW, JR.
Signature of Authorized Person

Form No. 631
Revised 09/07