



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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000540590

2. Name of Corporation Summit Medical 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
459991

4. Principal Office Address

No. and Street: 325 W HURON ST STE 700

City or Town: CHICAGO

State: IL

Zip: 60654

Country: USA

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

TO PROVIDE HEALTH SERVICES AND PATIENT EDUCATION RELATED TO PAIN
MANAGEMENT AND WELLNESS

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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	TERRENCE FRACASSA	325 W HURON ST STE 700 CHICAGO, IL 60654 USA
DIRECTOR	TERRENCE FRACASSA	325 W HURON ST STE 700 CHICAGO, IL 60654 USA
DIRECTOR	JAMES HARRINGTON	325 W HURON ST STE 700 CHICAGO, IL 60654 USA
DIRECTOR	KEVIN STACOM	325 W HURON ST STE 700 CHICAGO, IL 60654 USA
DIRECTOR	ROBERT MCQUEENY	325 W HURON ST STE 700 CHICAGO, IL 60654 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 16 Day of May, 2024 at 10:32:30 AM 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 COTY BACON
Signature of Authorized Person

Form No. 631
Revised 09/07

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