



**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.** 001706514

**2. Name of Corporation** Sanctuary Medicinals

**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

325411

**4. Principal Office Address**

No. and Street: 114 MARINE DRIVE

City or Town: NARRAGANSETT

State: RI

Zip: 02882-4619

Country: USA

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

SANCTUARY MEDICINALS IS A NON-PROFIT ORGANIZATION DEDICATED TO PROVIDING THE HIGHEST QUALITY MEDICINE, SERVICE, EDUCATION AND EXPERIENCE TO QUALIFIED RHODE ISLAND THERAPEUTIC CANNABIS PATIENTS.

**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	FRANCIS X. MCMAHON	1 SHADY LANE BARRINGTON, RI 02806 USA
DIRECTOR	GEOFFREY LEWIS	2 ANGELL STREET, UNIT 2 PROVIDENCE, RI 02903 USA
DIRECTOR	MARK PELSON	359 RUMSTICK ROAD BARRINGTON, RI 02806 USA
DIRECTOR	GEOFFREY LEWIS	114 MARINE DR NARRAGANSETT, RI 02882-4619 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**

ADLER POLLOCK & SHEEHAN P.C. 1 CITIZENS PLAZA, 8TH 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 20 Day of August, 2024 at 4:18:02 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 GEOFFREY LEWIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07