



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001714297		2. Exact name of the Corporation New Leaf Compassion Center Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate a compassion center pursuant to RI Law and for other legal purposes Authorized by the corporation.	
4. NAICS Code 453998			
6. Principal Office Address 197 Taunton Ave.		City East Providence	State RI
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thomas Mirza		Vice-President Name	
Street Address 197 6th Street		Street Address	
City Providence	State RI	Zip 02906	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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 Thomas Mirza		Director Name George Cancel	
Street Address 197 Taunton Ave		Street Address 31 Blakewell Court	
City East Providence	State RI	Zip 02914	
Director Name David Bazar		Director Name	
Street Address 70 N. Cliff Drive		Street Address	
City Narragansett	State RI	Zip 02882	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Thomas Mirza		Date 4/9/2025	
Signature of Officer/Authorized Representative 		APR 09 2025 9TYK5	

MAIL TO:
Division of Business Services
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