



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2022
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 <u>001714297</u>		2. Exact name of the Corporation <u>New Leaf Compassion Center Inc.</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To operate a compassion center pursuant to RI Law and for other legal purposes Authorized by the corporation.</u>			
4. NAICS Code <u>453998</u>					
6. Principal Office Address <u>197 Taunton Ave.</u>			City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Thomas Mirza</u>			Vice-President Name		
Street Address <u>197 6th Street</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 <u>Thomas Mirza</u>			Director Name <u>George Cancel</u>		
Street Address <u>197 Taunton Ave</u>			Street Address <u>31 Blakewell Court</u>		
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02921</u>
Director Name <u>David Bazar</u>			Director Name		
Street Address <u>70 N. Cliff Drive</u>			Street Address		
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City	State	Zip
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 <u>Thomas Mirza</u>				Date <u>4/9/2025</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>				APR 09 2025 <u>GTK/KLS</u>	

MAIL TO:
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