



**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. 001711106

2. Name of Corporation R.M.I. 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: PO BOX 842

City or Town: PROVIDENCE State: RI Zip: 02901 Country: USA

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

R.M.I. COMPASSION CENTER, INC. IS A NON-PROFIT CORPORATION AND SHALL OPERATE FOR EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501 OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. R.M.I. COMPASSION CENTER, INC. IS BEING ORGANIZED SO IT SHALL OPERATE ON A NOT FOR PROFIT BASIS IN COMPLIANCE WITH THE MEDICAL MARIJUANA ACT, CHAPTER 21-28. THE CORPORATION IS ALSO BEING ORGANIZED TO EDUCATE THE PUBLIC AND PROMOTE ADDICTION AWARENESS AND PREVENTION, AND

OPERATE AS A LEGAL 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
PRESIDENT	PAUL J. ISIKWE, PHARMD, MS	PO BOX 842 PROVIDENCE, RI 02901 USA
DIRECTOR	CLEOPATRA M. ISIKWE, MBA	PO BOX 842 PROVIDENCE, RI 02901 USA
DIRECTOR	PAUL J. ISIKWE, PHARMD, MS	PO BOX 842 PROVIDENCE, RI 02901 USA
DIRECTOR	MAKANJUOLA A. FALAYE, MBA, CPA	PO BOX 842 PROVIDENCE, RI 02901 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**

PAUL J. ISIKWE, PHARMD, MS 754 BRANCH AVE SUITE 9 PROVIDENCE , RI 02904

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

Signed this 1 Day of February, 2024 at 10:19:23 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 DR. PAUL J. ISIKWE
Signature of Authorized Person

Form No. 631
Revised 09/07

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