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Contact Information

Name:	GREENLEAF COMPASSION CARE CENTER	Phone:	4015955555
Email:	drsbock@gmail.com	Address:	1637 W Main Rd Portsmouth, RI 02871

Reported Compensation:

Date	Type	Value	Paid To
Mar 20, 2019	Fee	\$6,000.00	STEPHEN D ALVES

Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expenditures reported.					

Reported Anything of Value:

Date	Type	Value	Paid To	Beneficiary	Title	Office	Location
No Anything Of Value reported.							

Reported Contributions:

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contributions reported.					

Reported Subjects:

Medical Marijuana

STEPHEN D ALVES on behalf of **GREENLEAF COMPASSION CARE CENTER**

Reported Bills:

No bills reported.

Reported Public Bodies:

No public_bodies reported.

Reported Executive Officials:

executive/legislative

STEPHEN D ALVES on behalf of **GREENLEAF COMPASSION CARE CENTER**