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## Contact Information

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

## Reported Compensation:

Date	Type	Value	Paid To
Apr 11, 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:

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### **executive/legislative**

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