RI SOS Filing Number: 200835006680 Date: 09/11/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 ●**Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company filing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
138841	Dialysis Centers of Rhode Island, II

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Medical Office

5. Principal office address	City	State	Zip
318 Waterman Avenue	East Providence	RI	02914

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Dr. Joseph Chazan	

Street Address	City	State	Zip
318 Waterman Avenue	East Providence	RI	02914

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICBLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENT'S ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Dr. Joseph Chazan	
Street Address	**Street Address**
318 Waterman Avenue	
City / State / Zip	**City / State / Zip**
East Providence / RI / 02914	
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Dr. Joseph Chazan	

Address	City	Zip
318 Waterman Avenue	East Providence	02914

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED
File Date SEP 11 2008
Check No.
By 313
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person *Date* 9/8/08

Dr. Joseph Chazan
Print or Type Name of Authorized Person

25684-22-264709

Form 632 Rev. 07/07

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