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

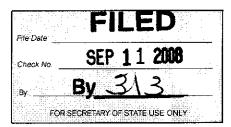
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __2008

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 filling or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (bbs.) is subject to a penalty fee of \$25.00.

K.I.G.L. 1-10-00 (DGC)) IS S	ubject to a penalty ree or \$	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 bus	iness which is actually conducted in Rhoo	de Island		
Delaware	Medical Of	fice				
5. Principal office address			City	State	Zip	
318 Waterman Avenue			East Providence	RI	02914	
6. MAILING ADDRESS	S OF LIMITED LIABILIT	TY COMPANY AND NAM	IE OR TITLE OF CONTACT PERSO	Ne la		
Contact Name			Contact Title	Contact Title		
Dr. Joseph Cha	ารลา		į			
Street Address			City	State	Zip	
318 Waterman Avenue			East Providence	RI	02914	
7 NAME AND ADDOC	AA AFFEMILIESISA	- es essecciones estados estados estados estados estados estados estados en estados en estados en estados en e	ABILITY COMPANY, IF APPLICBLE -	DO NOT US	TMEMBERS	
The second of th			HMENT'S ("X" BOX FOR ATTACHME : Manager Name		No. 1 1 1000 1000 1000 1000 1000 1000 100	
Dr. Joseph Cha	ızan		į			
Street Address			Street Address	Street Address		
318 Waterman A	venue		į			
City	State	Zip	City	State	Zip	
East Providenc	e RI	02914				
Manager Name			Manager Name	: Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT	IN RHODE ISLAND - E	O NOT ALTER - Chang	jes require filing of Form 642 - R.I.G	.L. 7-16-11		
Agent Name			Address			
Dr. Joseph Cha	azan					
Address			City	Zip	Zip	
318 Waterman Avenue			East Providence	0291	02914	

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



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.

ANTILL STATES

Date 9) &

Dr. Joseph Chazan
Print or Type Name of Authorized Person

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