

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

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 for a £\$25.00.

penalty fee of \$25.00.						
1. Corporate ID No.	Corporage ID No. 2. Name of Corporation Patients Association of Warwick					
3. State of Incorporation	4. Corporate address in R	hode Island - Street Address VKSPUV Rd		Go Warnick	12886	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					1	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Dianne Stein			Kimberly	Turner		
street Address 23 Larkspir Rd			Street Address 295 Hideaway Lang			
Warwick	State 2	0 2 8 8 F	n Kinestown	State R (01867	
Secretary Name Dabra Armonti			Treasurer Name Priscilla Lalihryty			
Street Address Lindy Ave			Street Address 29 Virginia Ave			
Warwick	State	01889	E. Grennich	State R	2ip 01818	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name			Director Name			
Jbyce Miga			Beth Upham			
73 Corone St			Street Address 42 Corona Ct			
Warniek	State C (2ip 02886	City Warning Y	State R (2ip 0 2 886	
Director Name Bruce Strin			Director Name		10000	
Street Address Larkspur Rd			Street Address			
Warwick	State	Zip 0 J f\$6	City	State	Zip	
9. REGISTERED AGENT IN	RHODE ISLAND	1 09000	ı	I	I	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein and true and correct.
Check No. MAY 1 8 2009	Signature of Officer Date Dianne Stein
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer
	Title of Officer Form 631 Rev. 09/17