RI SOS Filing Number: 201062387850 Date: 05/11/2010 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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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 fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
05931	Dialysis Patients Assoc. of Warwick		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	23 Larkspur Rd.	Warwick	02886
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

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Dianne Stein	Kim Turner
Street Address: 23 Larkspur Rd	Street Address: 129 Hideaway Lane
City: War. State: RI Zip: 02886	City: N. Kingstown State: RI Zip: 02852
Secretary Name: Bruce Stein	**Treasurer Name:** Priscilla Laliberty
Street Address: 23 Larkspur Rd	Street Address: 48 Virginia Ave
City: War State: RI Zip: 02886	City: E. Greenwich State: RI Zip: 02818

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
Dianne Stein	Debra Armenti
Street Address: 23 Larkspur Rd	Street Address: 29 Lindy Ave
City: War. State: RI Zip: 02886	City: War. State: RI Zip: 02889
Director Name: Beth Upham	**Director Name:**
Street Address: 42 Corona Ct.	Street Address:
City: War. State: RI Zip: 02886	City: State: Zip:

9. REGISTERED AGENT IN RHODE ISLAND

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

[redacted]

FILED

File Date MAY 11 2010

Check No. BY 1521

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Dianne Stein 5-10-10
Signature of Officer *Date*

Dianne Stein
Print or Type Name of Officer

President
Title of Officer

Form 631 Rev. 09/17

48575-9-394843