



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

A. Raiph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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 104975		2. Name of Corporation Kidney Patients of Westerly			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address ONE RHOdy Drive		City Westerly	Zip 02891
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 Providing Financial Support to dialysis Patients in SW Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary Richardson			Vice President Name Michele Culpepper		
Street Address 10 Moriah Dr			Street Address ONE RHOdy Dr		
City Westerly	State R.I.	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name MABEL Welch			Treasurer Name MABEL Welch		
Street Address 17 ROGERS Hill Rd			Street Address 17 ROGERS Hill Rd		
City WATERford	State ct	Zip 06385	City WATERford	State ct	Zip 06385
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Tracey Files			Director Name Kathy Genter		
Street Address 37 Hewitt St.			Street Address 10 High St.		
City Mystic	State ct	Zip 06355	City Wakefield	State RI	Zip 02879
Director Name Carol Smith			Director Name		
Street Address 15 Circle Dr.			Street Address		
City Stonington	State ct	Zip 06378	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND Kidney Patients of Westerly					
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

FILED

File Date **JUN 20 2011**
 Check No. **By MNC**
 By: **220**
 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.

Mabel Welch 6-16-11
 Signature of Officer Date
Mabel Welch
 Print or Type Name of Officer
Secretary/Treasurer
 Title of Officer