



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000131236

2. Name of Corporation DIALYSIS SUPPORT SERVICES FUND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 11 ALLISON AVE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE ASSISTANCE TO FINANCIALLY NEEDY PERSONS AFFECTED WITH KIDNEY DISEASE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	GENEVIEVE ST. PIERRE	2 RIMWOOD DR SMITHFIELD, RI 02917 USA
TREASURER	PHYLLIS KOUTROS	938 MENDON RD CUMBERLAND, RI 02864 USA

SECRETARY	RICHARD ALDRICH	938 MENDON RD CUMBERLAND, RI 02864 USA
VICE PRESIDENT	MARY SHERLOCK	614 DAGGERT AVE PAWTUCKET, RI 02861 USA
DIRECTOR	DOROTHY ROTONDO	11 ALLISON AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	MARY SHERLOCK	614 DAGGETT AVE PAWTUCKET, RI 02861 USA
DIRECTOR	GENEVIEVE ST. PIERRE	2 RIMWOOD DR SMITHFIELD, RI 02917 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DOROTHY ROTONDO 11 ALLISON AVENUE NORTH PROVIDENCE , RI 02911-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of June, 2014 at 1:10:53 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DOROTHY ROTONDO
Signature of Authorized Person

Form No. 631
Revised 09/07

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