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 2014

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* *In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $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 business which is actually conducted in Rhode Island
Delaware	Medical Office

5. Principal office address	City	State	Zip
318 Waterman Avenue	East Providence	RI	02914

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Dr. Joseph Chazan			
Street Address	**City**	**State**	**Zip**
318 Waterman Avenue	East Providence	RI	02914

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Dr. Joseph Chazan					
Street Address			Street Address		
318 Waterman Avenue					
City	State	Zip	City	State	Zip
East Providence	RI	02914			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

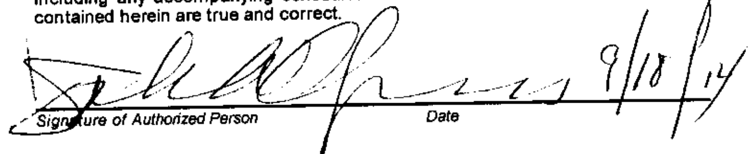
8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

SEP 11 2014

BY 1691

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.



Signature of Authorized Person *Date* 9/10/14

Joseph Chazan
Print or Type Name of Authorized Person

File Date ______
Check No. ______
By: ______
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 08/08

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