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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
65931	**Dialysis Patients association of Warwick**
3. State of Incorporation **R.I.**	4. Brief description of the character of business conducted in Rhode Island **provide financial assistance to patients, food, medical, transportation to treatments, household exspenses**

5. Principal office address	City	State	Zip
23 larkspur rd	**warwick**	**r.i.**	**02886**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
dianne stein			**kim turner**		
Street Address			Street Address		
23 larkspur rd			**145 hideaway ln**		
City / State / Zip			City / State / Zip		
warwick	**r.i.**	**02886**	**n. kingstown**	**r.i.**	**02879**
Secretary Name			Treasurer Name		
beth upham			**dianne stein**		
Street Address			Street Address		
42 corona ct			**23 larkspur rd**		
City / State / Zip			City / State / Zip		
warwick	**r.i.**	**02886**	**warwick**	**r.i.**	**02886**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
priscilla laliberty			**joyce miga**		
Street Address			Street Address		
virginia ave			**73 corona st**		
City / State / Zip			City / State / Zip		
e. greenwich	**ri**	**02818**	**warwick**	**r.i.**	**02886**
Director Name			Director Name		
judy witt			**bruce stein**		
Street Address			Street Address		
lee ave			**23 larkspur rd**		
City / State / Zip			City / State / Zip		
warwick	**r.i.**	**02889**	**warwick**	**r.i.**	**02886**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAY 18 2015
BY 1960

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 4/26/15
Signature of Officer or Authorized Representative Date

dianne stein/ president
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 08/2013

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