



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. 65931		2. Exact name of the Corporation 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 expenses			
5. Principal office address 23 larkspur rd		City warwick		State r.i.	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name dianne stein		Vice-President Name kim turner			
Street Address 23 larkspur rd		Street Address 145 hideaway ln			
City warwick	State r.i.	Zip 02886	City n. kingstown	State r.i.	Zip 02879
Secretary Name beth upham		Treasurer Name dianne stein			
Street Address 42 corona ct		Street Address 23 larkspur rd			
City warwick	State r.i.	Zip 02886	City warwick	State r.i.	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name priscilla laliberty		Director Name joyce miga			
Street Address virginia ave		Street Address 73 corona st			
City e. greenwich	State ri	Zip 02818	City warwick	State r.i.	Zip 02886
Director Name judy witt		Director Name bruce stein			
Street Address lee ave		Street Address 23 larkspur rd			
City warwick	State r.i.	Zip 02889	City warwick	State r.i.	Zip 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

BY 1900

FILED
MAY 18 2015

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
Signature of Officer or Authorized Representative

4/26/15
Date

dianne stein/ president

Print or Type Name of Officer or Authorized Representative