

## 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.

State of Incorporation   A. Brief description of the character of business conducted in Rhode Island   Emergency and Financial Support for Dialysis Patients	1. Entity ID No.	2. Exact name of the Corporation  Kidney Patients of Westerly					
Rhode Island    City	104975						
State   Zip   Oz891	3. State of Incorporation						
P.O. Box 3025 (One Rhody Drive)  6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐  President Name  Mary E. Richardson  Street Address  11 Moriah Drive (P.O. Box 1543)  City State Zip City State Zip City State Zip Octor Name  Mabel Welch  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Fairview, 235 Lestertown Road  City State Zip City State Zip City State Zip Octor Name  Mabel Welch  Street Address  Fairview, 235 Lestertown Road  City State Zip City State Street Address  15 Circle Drive  Carol Smith Kathy Gunter  Street Address  15 Circle Drive  City State Zip	Rhode Island	Emergency	and Financial Sup	pport for Dialysis Pati	ents		
President Name   Wice-President Name   Michelle Culpepper					■ == · · · ·	Zip <b>02891</b>	
Michelle Culpepper		MES AND ADDRES	SES) ("X" BOX FOR AT				
Street Address				1			
11 Moriah Drive (P.O. Box 1543)							
City							
Ri   02891   Westerly   Ri   02891   Westerly   Ri   02891			Zin	<u> </u>	State	Zin	
Secretary Name Mabel Welch  Street Address Fairview, 235 Lestertown Road  City State Zip City State Zip City State Zip Groton CT 06340  7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTOR'S DI	•		1 -	-	I	,	
Mabel Weich   Street Address   Street Address   Fairview, 235 Lestertown Road   Fairview, 2			10200.	<u> </u>			
Street Address Fairview, 235 Lestertown Road  City State Zip City State Zip Groton CT 06340  T. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTOR'S MONTH FOR ATTACHMENT)  Director Name Carol Smith Kathy Gunter  Street Address 15 Circle Drive  City State Zip City State Zip Stonington CT 06378 Wakefield RI 02879  Director Name Tracy Files  Street Address 37 Hewett Street  City State Zip City State Zip City State Zip City Street Address	•						
City State Zip Groton CT 06340 Groton CT 06340  7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTOR'S BOX FOR ATTACHMENT)  Director Name  Carol Smith  Street Address  15 Circle Drive  City State Zip City State Zip City State Zip  Stonington CT 06378 Wakefield RI 02879  Director Name  Tracy Files  Street Address				Street Address	<del> </del>		
Groton CT 06340 Groton CT 06340  7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORY ("X" BOX FOR ATTACHMENT)   Director Name  Carol Smith  Street Address  15 Circle Drive  City  State  City  State  CT  CT  City  State  City	Fairview, 235 Lestertown Road			Fairview, 235 Lestertown Road			
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)   Director Name  Carol Smith  Street Address  15 Circle Drive  City  State  City  State  City  State  City  State  Director Name  Carol Smith  Street Address  10 High Street  City  State  Director Name  Director Name  Tracy Files  Street Address			Zip	City	State	Zip	
Carol Smith  Street Address  15 Circle Drive  City State CT Director Name  State CT Director Name  State CT Director Name  City State CT Director Name  Director Name  Director Name  State CT Director Name  Director Name  Tracy Files  Street Address	Groton	СТ	06340	Groton	CT	06340	
Carol Smith  Street Address  Street Address  15 Circle Drive  City  State  CT  Director Name  Tracy Files  Street Address  Street Street  City  State  Zip  City  Wakefield  RI  02879  Director Name  Street Address			SSES). RHODE ISLAN	CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTO	
Street Address  15 Circle Drive  10 High Street  City State Zip City State Zip  Stonington CT 06378 Wakefield RI 02879  Director Name  Tracy Files  Street Address  Street Address  Street Address  City State Zip  Otivy State Zip  Otivy State Zip  City State Zip  City State Zip  City State Zip	Director Name	··· · · · · · · · · · · · · · · · · ·		Director Name		11 - 1111 - 1 - 1111 - 1111	
10 High Street   10 High Street   2ip   City   State   Zip   City   State   Zip   06378   Wakefield   RI   02879   City   Street Address   Street Address   Street Address   Street Street Street Street   State   Zip   City	Carol Smith						
City State Zip City State Zip Stonington CT 06378 Wakefield RI 02879  Director Name  Tracy Files Street Address 37 Hewett Street City State Zip City State Zip  City State Zip  City State Zip  Street Address	Street Address			Street Address			
Stonington CT 06378 Wakefield RI 02879  Director Name  Tracy Files  Street Address  Street Address  37 Hewett Street  City State Zip City State Zip	15 Circle Drive			10 High Street			
Director Name  Tracy Files  Street Address  37 Hewett Street  City  State  Director Name  Street Address  Street Address	City		i '		l		
Tracy Files Street Address Street Address 37 Hewett Street City State Zip City State Zip		СТ	06378		RI	02879	
Street Address  37 Hewett Street  City State Zip City State Zip				Director Name			
37 Hewett Street City State Zip City State Zip	<u> </u>						
City State Zip City State Zip				Street Address			
		le:			10	l	
MVSTC (L.I. 10533)	•		1 -	City	State	∠ip	
	<del></del>		06333	<u> </u>	<u> </u>		
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.				· · · ·		<del></del>	
This was a sound by six and by six at the Descriptors (Gos Descriptors Assistant Connectors, Transporter duly Authorized Population Page	. •	either the President,	Vice-President, Secreta	ry, Assistant Secretary, Treas	surer, duly Authorized Re	epresentative, Receive	
This was a south a sign of the side of the Descident Line Descident Country, Assistant Country, Transports delta Authorized Paracontative Page	This report must be signed by or Trustee	either the President,	Vice-President, Secreta	ry, Assistant Secretary, Treas	surer, duly Authorized Re	epresentative, Receiv	
				· · · ·		enrecentative Recei	
nis tenori must de signeg dy eliber me Ptesioeni. Vice-Ptesioeni, becterary Assistant becterary, treasurer duty Authorizen bedresenwaye, bede			i rooteorny ocorottu	.,,			
				Under namelly of weeks	m. I doolore and affirm	that I have avening	
or Trustee							
Under penalty of perjury, I declare and affirm that I have examin	File Date FII FN						
Under penalty of perjury, I declare and affirm that I have examin	Check No		i illu				
Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.	J::UVR 170		MAV 2 0 204E	St. P	)	05/23/201	
Trustee  Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.	Ву:		CIUS O S IAM	Clary C	utbried Passaction		
File Date FILED Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.  By: 05/23/20			4.	Signature of Officer of A	uuronzea nepresentativ	e Date	
File Date FILED Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.  By: 05/23/20	FOR SECRETARY OF STA	ATE USE ONLY RV	335	Mani C Diahardas			
File Date FILED Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.  By: 05/23/20		Ð1_			ON		
File Date Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.  MAY 2 8 2015	Form No. 631			Print or Type Name of Officer or Authorized Representative			

Revised: 04/2014