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
104975	**Kidney Patients of Westerly**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Emergency and Financial Support for Dialysis Patients**

5. Principal office address	City	State	Zip
P.O. Box 3025 (One Rhody Drive)	**Westerly**	**RI**	**02891**

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

President Name	Vice-President Name
Mary E. Richardson	**Michelle Culpepper**
Street Address: **11 Moriah Drive (P.O. Box 1543)**	Street Address: **One Rhody Drive**
City: **Westerly** State: **RI** Zip: **02891**	City: **Westerly** State: **RI** Zip: **02891**
Secretary Name: **Mabel Welch**	Treasurer Name: **Mabel Welch**
Street Address: **Fairview, 235 Lestertown Road**	Street Address: **Fairview, 235 Lestertown Road**
City: **Groton** State: **CT** Zip: **06340**	City: **Groton** State: **CT** Zip: **06340**

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
Carol Smith	**Kathy Gunter**
Street Address: **15 Circle Drive**	Street Address: **10 High Street**
City: **Stonington** State: **CT** Zip: **06378**	City: **Wakefield** State: **RI** Zip: **02879**
Director Name: **Tracy Files**	Director Name:
Street Address: **37 Hewett Street**	Street Address:
City: **Mystic** State: **CT** Zip: **06355**	City: State: Zip:

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 28 2015
BY 335

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.

Mary E. Richardson — **05/23/2015**
Signature of Officer or Authorized Representative — Date

Mary E. Richardson
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014