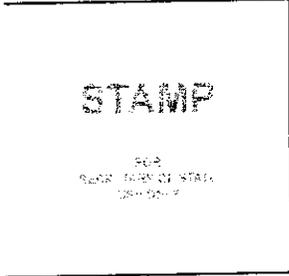




State of Rhode Island and Providence Plantations
 Department of State - Business Services Division



Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 1665763		2. Exact name of the Corporation The WIN PROGRAM at the Breast Health Center at Kent	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Business Program was started to assist Breast Cancer patients that suffer financially during treatment.	
4. NAICS Code 622310			
6. Principal Office Address 455 TOLLGATE ROAD - BREAST HEALTH		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kim McDonough		Vice-President Name Meaghan Almon	
Street Address 400 EAGLE RUN		Street Address 59 Greenwood Ave	
City East Greenwich	State RI	City Warwick	State RI
Zip 02818		Zip 02886	
Secretary Name Dawn Sheehan		Treasurer Name Wayne Wilfand	
Street Address 40 Lockhaven Road		Street Address 150 New London Ave # 100	
City Warwick	State RI	City Cranston	State RI
Zip 02886		Zip 02920	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name CANDACE DYER		Director Name Sabrina Poulos	
Street Address 455 TOLLGATE ROAD		Street Address 10 Lily Drive	
City Warwick	State RI	City Cranston	State RI
Zip 02886		Zip 02920	
Director Name		Director Name Colleen Plouff	
Street Address		Street Address 14 Vireo St	
City	State	City Providence	State RI
Zip		Zip 02904	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Kim McDonough			Date 6/28/17
Signature of Officer/Authorized Representative <i>Kim McDonough</i>			SIGN DOCUMENT HERE FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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