



**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 **2018**

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. <b>104975</b>		2. Exact name of the Corporation <b>Kidney Patients of Westerly</b> <b>(621492)</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Emergency and Financial Support for Dialysis Patients Who Need Help</b>			
5. Principal office address <b>One Rhody Drive, P.O. Box 3025</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Mary E. Richardson</b>			Vice-President Name <b>Michelle Culpepper</b>		
Street Address <b>11 Moriah Drive, P.O. Box 1543</b>			Street Address <b>One Rhody Drive</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Mabel Welch</b>			Treasurer Name <b>Mabel Welch</b>		
Street Address <b>235 Lestertown Road - Apartment 1-A</b>			Street Address <b>235 Lestertown Road - Apartment 1-A</b>		
City <b>Groton</b>	State <b>CT</b>	Zip <b>06340</b>	City <b>Groton</b>	State <b>CT</b>	Zip <b>06340</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Carol Smith</b>			Director Name <b>Kathy Gunter</b>		
Street Address <b>15 Circle Drive</b>			Street Address <b>10 High Street</b>		
City <b>Stonington</b>	State <b>CT</b>	Zip <b>06378</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Tracy Files</b>			Director Name		
Street Address <b>37 Hewett Street</b>			Street Address		
City <b>Mystic</b>	State <b>CT</b>	Zip <b>06355</b>	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

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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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*  
 Signature of Officer or Authorized Representative

06/20/2018

Date

**Mary E. Richardson, President**

Print or Type Name of Officer or Authorized Representative