



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. 104975		2. Exact name of the Corporation Kidney Patients of Westerly (621492)			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Emergency and Financial Support for Dialysis Patients Who Need Help			
5. Principal office address One Rhody Drive, P.O. Box 3025		City Westerly		State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Mary E. Richardson		Vice-President Name 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 235 Lestertown Road - Apartment 1-A		Street Address 235 Lestertown Road - Apartment 1-A			
City Groton	State CT	Zip 06340	City Groton	State CT	Zip 06340
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 Carol Smith		Director Name Kathy Gunter			
Street Address 15 Circle Drive		Street Address 10 High Street			
City Stonington	State CT	Zip 06378	City Wakefield	State RI	Zip 02891
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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUL 09 2018

BY

288

[Signature]

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