

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1,) 15

401.222.30

### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00						
(FORM MUST HE 1YPED OR PA	HINTED IN BLACK)					
1. Corporate ID No. 98112	2. Name of Corporation International Society of Blood Purification, Inc.					
3 State of Incorporation RHODE ISLAND	11 1	Rbode Island - Street Address	nna est.	8,0819	RUCO	(2991D)
5. Foreign corporation. Enter pr			City 3	State		Zip
6 Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE SCIENCE AND RESEARCH.						
7. NAMES AND ADDRESS	ES OF THE OFFICERS	S: ("X" BOX FOR ATTACH	MENT) [ FILL IN SPACES B	EFORE USIN	G ATTACH	MENTS
President Name NIA			Vice President Name			
Street Address			Street Address			
City	State	Zip	Gily	State	-	Zip
Secretary Name NIA	•	• "	Treasport Nauto QO J	ELV.	3GN+	PhD
Street Address			SIMMANIA MECHUC	relea	SCFO.C	5P593
City	State	Zip	car & convidence	13 mg/		(C1960)
			CHMENT) TELL IN SPACES I			
Michael J. L	usaaht	,PhD	Director winging	Show	100	HD
TTI Heeling	¿ DILOCT C	6988	SIRCY Address ALENUE	LDes	Pap	Jim
ROVIDENCE	Isaac U	(C) (R) (V)	cii) MOUO CO	State	· \	2408000
Direct Name - 140	akin hoc	h	Director Name			
SINCY AMPER	Medical.	School	Sirrei Address			
Honover	Demony	21p D-3000	City	State		. Zip
9. REGISTERED AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78  Agent Name  Address						
Agent Name Address MICHAEL J. LYSAGHT BROWN UNIVERSITY						
Address		City.	!	Zip		
171 MEETING STREET, GB 3	93		PROVIDENCE		02912	
This report must be	e signed in ink by eith	ner the President, Vice P	resident, Secretary, Assistant	Secretary, Tre	easurer, Rec	eiver or Trustee
! ! ##						

	98112	
File Date	8/26/05	

FOR SECRETARY OF STATE USE ONLY

Signature of Officer

Print or Type Name of Officer

10001100

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.

Title of Officer



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

Filing Period: June 1 -		ig Fee: \$20.00			
(FORM MUST BE TYPED OR	•	· <u> </u>			
I Corporate ID No	2. Name of Corpora	ulou			
98112		ety of Blood Purification, Inc.			Zip
3. State of Incorporation	4. Corporate addres	in Rhode Island - Street Address	171 Meetings	1. Korida	
RHODE ISLAND	DIOM!	I MULLARIZA	·	State	Zip
5. Foreign corporation. Ente	r principal office address	_	City /	<i></i>	
6. Brief Description of the char	actor of the affairs which a	ire actually conducted in Rhode Isl	and		
TO PROMOTE SCIEN	CE AND RESEARCH.				
7. NAMES AND ADDRE	SSES OF THE OFFIC	CERS: ("X" BOX FOR ATTACK	IMENT) TILL IN SPAC	ES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zlp
Secretary Name	<u> </u>		Tregsurey Name	Hispery	, Ph.D.
Since Address			Since Address MORKO	100H(OC)	66393
City	State	Zip	Rosidence	State	1090197)
8. NAMES AND ADDR	ESSES OF THE DIRE	CTORS: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	CES BEFORE USING NOT BE LESS THAI	G ATTACHMENTS <u>V THREE</u> (3). R.I.G.L. 7-6-2:
	RECTORS OF A DOM	ESTIC (KNODE ISLAND)	Director Name	i .	0. 110
Minael Pinael	I. Lysa	sht, th.O.	Moulen	Rugido	II, MD
Sireri Address Meet	ing office	EPE 80 4	Street Address THEOLIG	e Des to	rbotivo
Rosidence	Jane R1	1050 ins	CILL. MOUGO	State M.C	0008P"
Director Name	action he	sch	Director Name		
Street Address HOOOVE	& Media	al oschool	Street Address		
CITY HOUND	( Signer	UUN D-3000	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - BO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Address  MICHAEL J. LYSAGHT  BROWN UNIVERSITY					
MICHAEL J. LYSAGHT			City		Zip
Address			PROVIDENCE		02912
171 MEETING STREET,					
This report mu	ust be signed in ink t	by either the President, Vice	President, Secretary, Ass	istant Secretary, Tre	asurer, Receiver or Trustee

	* 9 8 1 1 2 *	
File Date	10-8-04	
Ву:	FOR SECRETARY OF STATE USE ONLY	

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.

much of heat	. 10	<u> 5.4</u>
Michael J.	hysoaht ?	Ph.B.
Print or Type Name of Officer		

Title of Officer



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335 401.222.3040 2

OCUT CORPORATION ANNUAL DEPORT FOR THE VEAR 2003

NON-PROFIT	CORPORA	TION ANNUA!	L REPORT FOR TI	HE YEAR	2003_
iling Period: June 1 -	June 30 • Fili	ng Fec: \$20.00			19 M
ORM MUST BE TYPED OF	- <del></del>		···	<del> </del>	
. Corporate ID No.	2. Name of Corp				
98112		ociety of Blood Purification, Inc.		City	Zip
State of Incorporation	1 '	dress in Rhode Island - Street A		1 1	
RHODE ISLAND	Brown U	Iniversity 171 Mee	eting_Street,GB_393	Providence State	02912 Zip
Foreign corporation. Enter	principal office adam	es.r	Cay	Sittle	
N/A	····	<u> </u>			
5. Brief Description of the chair TO PROMOTE SCIENC		hich are actually conducted in I H.	knoae Islana.		N/- ( )
NAMES AND ADDRES	SES OF THE OFF	CERS ("X" BOX FOR ATT	ACHMENT) TILL IN SPACES	BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
N/A			N/A		
N/A Sireci Address			Street Address		İ
					<u></u> j
City	State	Zip	Ciry	State	Zip
			-		ii
Secretary Name			Treasurer Name		
N/A			Michael J. Lysag	ht, PH.D.	
Street Address			Street Address		
	•		171 Meeting Stre	et,_GB_393	·
City	State	Zip	City	State	Zip
	- }		Providence TACHMENT)   FILLINTHES	RI	02912
Director Name Michael J. Ly Street Address	saght, PH.D		Director Name Stranley Shaldon, Street Address	M.D.	
171 Meeting S		93	7 Avenue Des Par	State	Zip
City	State	Zip	-··,		1
Providence	R)_	02912	Monaco  Director Name	M.C.	96000
Director Name		ı	1 - "		:
Karl-Martin K	(CCM	<del></del>	N/A Street Address		
Street Address	al Cabool	•	Sireet Address		
Hanover Medic	State	Zip	City	State	Zip
Ciny Hanover	Germany	D- 3000	\ C.i.y	5.2.0	
			anges require filing of Form 64	1 - R.I.G.L. 7-6-13 / 7	
Agent Name	IN KITODE ISEA!		1 Address		
			ì		
MICHAEL J. LYSAGHT			BROWN UNIVERSITY	Zip	
Address			City	124p	
171 MEETING STREET, (	GB 393	!	PROVIDENCE		02912
This report must be sign  * 9  REC  File Date	ENED 1	her the President, Vice I	Under penalty of perjury this report, including any and that all statements of	r. I declare and affirm the	at I have examined les and statements, and correct.
Check No.			Signature of Afficer	1 Lucast	Date
BY			Print on Time Name of CO	J - 7 7 7 9 5 9 U	

Treasurds.
Title of Officer

Form 631 Rev. 6/02

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

	NON-PR	OFIT CORPORATION	
Co	rporate ID Number DNP-98112	Annual Report for the year 2002	
1.	The name of the corporation is <u>International</u>	Society of Blood Purification, Inc.	
2.	The state or other jurisdiction under the laws	of which it is incorporated is RHODE ISLAND	
3.	The address of the registered office of the co	orporation in this state is BROWN UNIVERSITY 171 MEETING	
	STREET, GB 393 PROVIDENCE, RI 02912		
	and the name of its registered agent in this s	state at that address is MICHAEL J. LYSAGHT	
4.	The character of the affairs which it is actual	ly conducting in Rhode Island, briefly stated, is PRO MOTE WICHARDS	
	of enformation sego	soleng end stage Rend clisease	
5	If a foreign corporation, the address of its pri	ncipal office in the state or other jurisdiction under the laws of which it is	
	incorporated is N/4	2 1 - 1 21 1 1 Lungt	
6.	6. Corporate address in Rhode Island P.O Boy 2480 C/o Wechael & yzaght		
		906  Wissess Up compliance with 7-6-23 of the RTGT 1956 as amended, the	
7.	number of directors of a domestic (Rhode Is	fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)	
	NAME OFFICE	ADDRESS	
7 2 7	Lechael Lyaght Director tarly Sheldon Director asl-Martin Koch Director President	171 Meeting GB 393 Provedence RI 02906 7 ave ded Popaleng Monaco M.C. Hanover Medical School, Hanover, Gerra	
	Vice-President		
_	Secretary		
<u> </u>	echael Lysaght Treasurer	171 Meeting GB 393 Providence RI 02906	
D	ated:	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.	
		International Society of Blood Purification  Exact Name of Corporation	
	FOR SECRETARY OF STATE USE ONLY	By Mrs V lut	
File	Date: 6-14-02	Title (1)0 Assesses	
	12.360	(Report must be signed by an officer)	
Che	eck No.:	Form No. 631 Revised 5/98	

## To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### **NON-PROFIT CORPORATION**

	MOM-LUCKL OFFICIATION			
Cor	porate ID Number <u>DNP-9</u>	8112	Annual Report for the year 2001	
1.	The name of the corporation is International Society of Blood Purification, Inc.			
2.	The state or other jurisdic	tion under the laws	of which it is incorporated is RHODE ISLAND	
3. The address of the registered office of the corporation in this state is BROWN UNIVERSITY 171 MEETING			rporation in this state is BROWN UNIVERSITY 171 MEETING	
	STREET, GB 393 PROV		tate at that address is MICHAEL J. LYSAGHT	
4.	The character of the affai	rs which it is actuall	y conducting in Rhode Island, briefly stated, is <u>administration</u>	
5	If a foreign corporation, the incorporated is	ne address of its pri	ncipal office in the state or other jurisdiction under the laws of which it is	
6.	Corporate address in Rh	ode Island XX	p Brown University,  Note 171 Meeting Street, G-8393	
Ψ.	Providence R	I 02912		
7.	Names and addresses 0	fits directors and of	ficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)	
	NAME	OFFICE	ADDRESS	
М	ichael J. Lysagat, Ph	Director `	16 River Ron, East Gresswich AI	
_	taxin shauda, mi		7 Anchre des Papalins, Monaco MC 98000	
	Karl Keck, MD	 Director	Medizinsche Hockshole Itanworer 8-3000 Hancore Germany	
_		President		
_		Vice-President		
		Secretary		
	Michael J. Lysasht	Treasurer		
Da	ated:		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.	
			International Society of Blood PuriSication, luc  Exact Name of Corporation	
	* 9 8 1 1 2 	*	•	
	FOR SECRETARY OF STATE US	į.	By Tithan y significant	
	Date:		Title Trens ver, Director.  (Report must be signed by an officer)	
Che	ck No.: 1134		Form No. 631 Revised 5/98	

Filing Fee: \$20.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

### NON-PROFIT CORPORATION

NON-PROFIT CORPORATION				
Corporate ID Number 98172	Annual Report for the year			
The name of the corporation is <u>Interna</u>	tional Society of Blood Purification, Inc.			
2. The state or other jurisdiction under the law	ws of which it is incorporated is Rhode Island			
Brown University, 171 Meet	corporation in this state is c/o Michael J. Lysaght ting Street, GB393, Providence, RI 02906 and the			
city and agent in this state a	t that address is Michael Lysagnt			
4 The character of the affairs which it is actu	ually conducting in Rhode Island, briefly stated, is Promote exemuse.			
es tesametion regarding t	end stage renal disease			
	principal office in the state or other jurisdiction under the laws of which it is			
incorporated is N/A	. Box 2480 c/o Michael Lysaght, Providence, RI 02906			
6. Corporate address in Rhode Island_P+0	. Box 2400 e/ c			
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)				
NAME OFFICE	ADDRESS			
Michael Lysaght Director	171 Meeting Street, GB393, Providence, RI			
Stanley Shaldon Director	7 Avenue des Papalino, Monaco, M.C.			
Karl-Martin Koch Director	Hanover Medical School, Hanover, Germany			
President				
Vice-Preside	ent			
Secretary				
Michael Lysaght Treasurer	171 Meeting Street, GB393, Providence, RI			
MICHAEL DIOMANA——				
Dated: <u>June</u> 7, 2000	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.			
	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.  International Society of Blood Purification, Inc.			
Dated: <u>June 7, 2000</u>	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.			
Dated: June 7, 2000	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.  International Society of Blood Purification, Inc.  Exact Name of Corporation  By Treasurer			
	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.  International Society of Blood Purification, Inc.  Exact Name of Corporation  By M. M. M.			

rning nee: \$20.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

## 98//2 NON-PROFIT CORPORATION

48110	14014-111			4000
orporate ID Number -05-049	5828		Annual Report for the year_	1998
The name of the corporation		tional Society of Blood	Purification, Inc.	
The state or other jurisdiction The address of the registers	ed office of the co	of which it is incorporated is	Rhode Island Michael J. Lysaght , RI 02906	
and the name of its register The character of the affairs of information regar If a foreign corporation, the	ed agent in this s which it is actuall ading end sta	state at that address is <u>Mich</u> ly conducting in Rhode Island, b	oriefly stated, is Promote	
incorporated is N/A  Corporate address in Rhode	Island P.O. E	Box 2480 c/o Michael Ly	saght, Providence RI	02906
Names and addresses of its number of directors of a dor	directors and of nestic (Rhode Is OFFICE	ficers: (In compliance with 7-6- land) corporation shall not be le AL	ss than three (3).)	,,,,o,,,ood,
Michael Lysaght	Director	171 Meeting Street, GB	393, Providence, RI	
Stanley Shaldon	– Director	7 Avenue des Papalino,	Monaco, M.C.	<del></del>
Karl-Martin Koch	Director _President _Vice-President	Hanover Med School, Har	nover, Germany	
Michael Lysaght	_Secretary _Treasurer	171 Meeting Street, GB	393, Providence, RI	
Dated: June 15, 1999		Under penalty of perjury, I declare report, including any accompanying all statements contained herein a	ng schedules and statements, a	ed this nd that
		International Society	of Blood Purification	, Inc.
		Exac	t Name of Corporation	
FOR SECRETARY OF STATE USE ile Date: (0-17-99	ONLY	By Mi y hunt		
Check No.:		Title Treasurer (Report mus	st be signed by an officer)	
By: AMF	_	Ç ize	Form No. N Revised 5/	

Revised 5/98

' Filing Fee: \$20.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### **NON-PROFIT CORPORATION**

Co	orporate ID Number <u>ND-981</u>	12	Annual Report for the year 1998	
1.	The name of the corporatio	n is Internationa	I Society of Blood Purification, Inc.	
2.	2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND			
3.	3. The address of the registered office of the corporation in this state is BROWN UNIVERSITY 171 MEETING			
	STREET, GB 393 PROVID	<u>DENCE, RI 02912</u>	2	
	and the name of its registe	ered agent in this	state at that address is MICHAEL J. LYSAGHT	
4.	The character of the affairs	which it is actual	lly conducting in Rhode Island, briefly stated, is	
	Economic Dev	elopment in Biot	echnology	
5	If a foreign corporation, the	address of its pr	incipal office in the state or other jurisdiction under the laws of which it is	
	incorporated is			
6.	Corporate address in Rhoo	le Island 242	24 Hospital Trust Tower	
	<u> </u>			
7.	7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)			
	NAME	OFFICE	ADDRESS	
	Geoff Davis, Esq	_Director	Ropes & Gray. 30 Kennedy Plaza, Providence, RI 02903	
	Paul Calabresi, MD	Director	Brown University, Box RIH-G. Providence, RI 02912	
	William Jackson, PhD	Director	Brown University Research Foundation, Providence, RI 02912	
	Michael J Lysaght, PhD	President	RICCM, Inc. 2424 Hospital Trust Tower, Providence, RI 02903	
		_Vice-President		
	Sandra Lehrman, MD	Secretary	60 Watch Hill Road, Fast Greenwich, RI 02818	
_	William Jackson, PhD	Treasurer	Brown University Research Foundation, Providence, RI 02912	
Dated:		· · · · · · · · · · · · · · · · · · ·	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.  Rhode Island Center for Cellular Medicine, Inc.	
	* 7 8 1 1 2 *		Exact Name of Corporation	
្រា	FOR SECRETARY OF STATE USE te Date: 9-6-98	ONLY	By my tung	
	1620	_	Title TV 4441V.	
Cb	neck No.: /63//		(Report must be signed by an officer)	
Bv	. AMF		Form No. NP-13	