



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

**FILED**

JAN 09 2019

**Annual Report for the year: 2019**  
**Corporation**

BY 2000

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000099919</b>		2. Exact name of the Corporation <b>Dialysis Centers of Rhode Island, Inc.</b>			
3. Principal Office Address <b>318 Waterman Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>621999</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medical Services</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joseph A. Chazan, MD</b>			Vice-President Name		
Street Address <b>290 Blackstone Boulevard</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Joseph A. Chazan, MD</b>			Director Name		
Street Address <b>290 Blackstone Boulevard</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative <b>Joseph A. Chazan, MD</b>				Date <b>01/03/2019</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov