

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

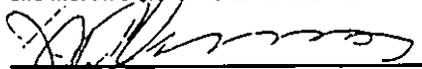
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

1. Corporation ID No. 99919		2. Name of Corporation Dialysis Centers of Rhode Island, Inc.			
3. Street Address Principal Business Office 318 Waterman Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 354-5340		5. State of Incorporation Rhode Island		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island Medical Office					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Chazan			Vice President Name		
Street Address 318 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	.01	1,000	Common	.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	MAR 02 2005 4778
By:	ICB
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


Signature of Officer _____ Date 1/19/05
Joseph Chazan
Print or Type Name of Officer
President
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99919		2. Name of Corporation Dialysis Centers of Rhode Island, Inc.			
3. Street Address Principal Business Office 318 Waterman Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 438-5950		5. State of Incorporation Rhode Island			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island To develop and operate one or more dialysis centers in Rhode Island.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Chazan			Vice President Name		
Street Address 290 Blackstone Boulevard			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Chazan			Director Name		
Street Address 290 Blackstone Boulevard			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
8,000		Par			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	8-27-04
Check No.	4947
By:	<i>JC</i>
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.

Joseph A. Chazan 8/24/04
Signature of Officer Date
Joseph A. Chazan
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **99919** 2. Name of Corporation **Dialysis Centers of Rhode Island, Inc.**
3. Street Address Principal Business Office **318 WATERMAN AVENUE** City **EAST PROVIDENCE** State **R. I.** Zip **02914**
4. Business Phone No. **(401) 438-5950** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**
7. Brief Description of the Character of Business Conducted in Rhode Island

DIALYSIS FACILITY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **JOSEPH A. CHAZAN, M.D.**
Street Address
290 BLACKSTONE BLVD.
City **PROVIDENCE,** State **R. I.** Zip **02906**

Vice President Name
Street Address
City State Zip

Secretary Name
Street Address
City State Zip

Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 9 9 1 9 *

File Date: 2/18/03
Check No.: 3889
By: UP

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.

[Signature]
Signature of Officer Date

JOSEPH A. CHAZAN
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99919** 2. Name of Corporation **Dialysis Centers of Rhode Island, Inc.**
3. Street Address Principal Business Office **318 WATERMAN AVENUE** City **EAST PROVIDENCE** State **R.I.** Zip **02914**
4. Business Phone No. **(401) 438-5950** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**
7. Brief Description of the Character of Business Conducted in Rhode Island
DIALYSIS FACILITY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSEPH A. CHAZAN, M.D.	Vice President Name
Street Address 290 BLACKSTONE BLVD.	Street Address
City PROVIDENCE, State R.I. Zip 02906	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 9 9 1 9 *

File Date: 02/13/02
Check No.: 3030
By: AB
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.

Signature of Officer [Signature] Date 2/1/02
JOSEPH A. CHAZAN
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99919** 2. Name of Corporation **Dialysis Centers of Rhode Island, Inc.**

3. Street Address Principal Business Office **318 WATERMAN AVENUE** City **EAST PROVIDENCE** State **R. I.** Zip **02914**

4. Business Phone No. **(401) 438-5950** 5. State of Incorporation **RHODE ISLAND** 6. **9888**

7. Brief Description of the Character of Business Conducted in Rhode Island
DIALYSIS FACILITY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **JOSEPH A. CHAZAN, M.D.**
Street Address **290 BLACKSTONE BLVD.**
City **PROVIDENCE** State **R. I.** Zip **02906**

Vice President Name
Street Address
City State Zip

Secretary Name
Street Address
City State Zip

Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
8,000 \$.01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 9 9 1 9 *

File Date: 1/30
Check No.: 1940
By: [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.
Signature of Officer: [Signature] Date: 1/5/07
Print or Type Name of Officer: CHAZAN
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **99919** 2. Name of Corporation **Dialysis Centers of Rhode Island, Inc.**
3. Street Address Principal Business Office **318 WATERMAN AVENUE** City **EAST PROVIDENCE** State **RI** Zip **02914**
4. Business Phone No. **(401) 438-5930** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island

DIALYSIS FACILITY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSEPH A. CHAZAN, M.D.	Vice President Name
Street Address 290 BLACKSTONE BLVD.	Street Address
City State Zip PROVIDENCE RI 02906	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 \$.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
8,000 \$.01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-1-00
Check No.: 641
By: RD
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.
Signature of Officer: [Signature] Date: 2/18/02
Print or Type Name of Officer: Joseph A Chazan - CEO
Title of Officer: _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99919 2. Name of Corporation Dialysis Centers of Rhode Island, Inc.
3. Street Address Principal Business Office 318 Waterman Avenue City East Providence State RI Zip 02914
4. Business Phone No. 401/438-5950 5. State of Incorporation Rhode Island 6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island
operate dialysis centers

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Joseph Chazan</u> Street Address <u>290 Blackstone Blvd.</u> City <u>Providence</u> State <u>RI</u> Zip <u>02914</u>	Vice President Name _____ Street Address _____ City _____ State _____ Zip _____
Secretary Name <u>Joseph Chazan</u> Street Address <u>290 Blackstone Blvd.</u> City <u>Providence</u> State <u>RI</u> Zip <u>02914</u>	Treasurer Name <u>Joseph Chazan</u> Street Address <u>290 Blackstone Blvd.</u> City <u>Providence</u> State <u>RI</u> Zip <u>02914</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Joseph Chazan</u> Street Address <u>290 Blackstone Blvd.</u> City <u>Providence</u> State <u>RI</u> Zip <u>02914</u>	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>Common</u>	<u>\$.01</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>Common</u>	<u>\$.01</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 1/25/99
Check No.: 584
By: [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.
Signature of Officer: [Signature] Date: 2/11/99
Joseph Chazan
President
Title of Officer