



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 29 2020

2011230

1. Entity ID Number 001625763		2. Exact name of the Corporation The WIN Program at The Breast Health Center at Kent Hospital	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To assist patients with financial challenges while receiving cancer treatment at the Breast Center at Kent Hospital	
4. NAICS Code 621999			
6. Principal Office Address 455 Toll Gate Rd.		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Christen Andrade		Vice President Name Meaghan Alvan	
Street Address 4 Bestwick Trail		Street Address 59 Greenwood Ave.	
City Coventry	State RI	City Warwick	State RI
Zip 02816		Zip 02886	
Secretary Name Dawn Sheehan		Treasurer Name Wayne Wiffand	
Street Address 40 Lockhaven Rd		Street Address 931 Jefferson Blvd. Suite 3006	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02886	
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Dr. Jamie Patterson		Director Name Dawn Sheehan	
Street Address		Street Address 40 Lockhaven Rd	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Director Name Christen Andrade		Director Name	
Street Address 4 Bestwick Trail		Street Address	
City Coventry	State RI	City	State
Zip 02816		Zip	
9. Registered Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 641			
<b>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.</b>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Dawn Sheehan			Date 6/5/2020
Signature of Officer/Authorized Representative Dawn Sheehan			

## MAIL TO:

Division of Business Services

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