



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Non-Profit Corporation

JUN 11 2021

BY VE DS

- Filing period June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001665763		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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christen Andrade		Vice-President Name Meaghan Almon	
Street Address 4 Bestwick Trail		Street Address 130 Tamarack Drive	
City Coventry	State RI	City East Greenwich	State RI
Zip 02816		Zip 02818	
Secretary Name Dawn Sheehan		Treasurer Name Wayne Wilford	
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Dr. Jamie Patterson		Director Name Dawn Sheehan	
Street Address 455 Toll Gate Rd.		Street Address 40 Lockhaven Rd	
City Warwick	State RI	City Warwick	State RI
Zip 02886		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. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Dawn Sheehan			Date 6/2/2021
Signature of Officer/Authorized Representative Dawn Sheehan			

MAIL TO:
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