



State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024  
Non-Profit Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 06 2024

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1. Entity ID Number <u>001665763</u>		2. Exact name of the Corporation <u>The WIN Program at the Breast Health Center at Kent Hospital</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To assist patients with financial challenges while receiving cancer treatment at The Breast Center at Kent Hospital.</u>			
4. NAICS Code <u>621999</u>					
6. Principal Office Address <u>455 Toll Gate Rd.</u>			City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Christen Andrade</u>			Vice-President Name <u>Meaghan Almon</u>		
Street Address <u>4 Bestwick Trail</u>			Street Address <u>130 Tamarack Drive</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>Dr. Jamie Patterson</u>			Director Name <u>Dawn Sheehan</u>		
Street Address <u>455 Toll Gate Rd.</u>			Street Address <u>40 Lockhaven Rd</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>
Director Name <u>Christen Andrade</u>			Director Name		
Street Address <u>4 Bestwick Trail</u>			Street Address		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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>					
<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 <u>Dawn Sheehan</u>				Date <u>2/1/24</u>	
Signature of Officer/Authorized Representative <u>Dawn Sheehan</u>					

## MAIL TO:

Division of Business Services  
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