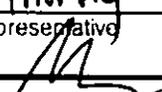


State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF CORPORATIONS
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JUN 8 X 2024
BY 12393
2024 JUN -3 PM 2:13

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | | | |
|---|--|--|--------------|---|--------------|------------------------|--------------|
| 1. Entity ID Number 05-0498033 <u>99919</u> | | 2. Exact name of the Corporation Dialysis Centers of Rhode Island, Inc. | | | | | |
| 3. Principal Office Address 318 Waterman Avenue | | | | City East Providence | | State RT | Zip 02914 |
| 4. NAICS Code 621999 | | 6. Brief description of the character of business conducted in Rhode Island Dialysis Center | | | | | |
| 5. State of Incorporation DE | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| President Name Joseph A. Chazar, MD | | | | Vice-President Name | | | |
| Street Address 290 Blackstone Blvd | | | | Street Address | | | |
| City East Providence | | State RT | Zip 02914 | City | | State | Zip |
| Secretary Name | | | | Treasurer Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | Zip | City | | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| 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 |
| 9. Shares Authorized | | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | | NUMBER OF SHARES | CLASS/SERIES | | PAR VALUE |
| | | | | 8000.00 | STK | | 0.0100 |
| 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. | | | | | | | |
| 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. | | | | | | | |
| Name of Authorized Representative <u>Michael Murphy</u> | | | | | | Date <u>5/25/24</u> | |
| Signature of Authorized Representative  | | | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
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