RI SOS Filing Number: 202564394920 Date: 2/3/2025 4:00:00 PM

**State of Rhode Island**
**Department of State - Business Services Division**

FILED
FEB 03 2025
BY

**Annual Report for the year:** 2025
**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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000065931 | DIALYSIS PATIENTS ASSOCIATION - WARWICK |
| 3. State of Incorporation: R.I. | 5. Brief description of the character of business conducted in Rhode Island: ASSISTING DIALYSIS PATIENTS WITH MEDICATIONS, FOOD, TRANSPORTATION AND MEDICAL BILLS |
| 4. NAICS Code: 624229 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 23 LARKSPUR ROAD | WARWICK | RI | 02886 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| DIANNE STEIN | BRUCE STEIN |
| Street Address: 23 LARKSPUR ROAD | Street Address: 23 LARKSPUR ROAD |
| City: WARWICK State: RI Zip: 02886 | City: WARWICK State: RI Zip: 02886 |
| **Secretary Name:** BETH LIPHAM | **Treasurer Name:** DIANNE STEIN |
| Street Address: 42 CORONA CT. | Street Address: 23 LARKSPUR Rd. |
| City: WARWICK State: RI Zip: 02886 | City: WARWICK State: RI Zip: 02886 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| BRUCE STEIN | JUDY WITT |
| Street Address: 23 LARKSPUR ROAD | Street Address: LEE AVE |
| City: WARWICK State: RI Zip: 02886 | City: WARWICK State: R.I. Zip: 02886 |
| **Director Name:** DEBRA ARMENTI | **Director Name:** NONE |
| Street Address: 21 ARNOLD AVE | Street Address: |
| City: CRANSTON State: RI Zip: 02905 | City: State: 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.***

*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 | Date |
|---|---|
| BRUCE STEIN | 02/01/2025 |

Signature of Officer/Authorized Representative: Bruce Stein

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