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State of Rhode Island
Department of State - Business Services Division

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MAY 30 2025
BY

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2025 MAY -0 P 4:28

Annual Report for the year: 2025
Limited Liability Company

→ 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	2. Exact name of the Limited Liability Company
000138841	DIALYSIS CENTERS OF RHODE ISLAND II
3. NAICS Code: 621999	4. Brief description of the character of business conducted in Rhode Island: MEDICAL SERVICES
5. State of Formation: DE	

6. Principal Office Address	City	State	Zip
318 WATERMAN AVE	EAST PROVIDENCE	RI	02914

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
MICHAEL THURSBY	MANAGER

Street Address	City	State	Zip
318 WATERMAN AVE	EST PROVIDENCE	RI	02914

8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

9. ***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 Person	Date
Michael Thursby	5/21/25

Signature of Authorized Person

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov