RI SOS Filing Number: 202574238960 Date: 5/30/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

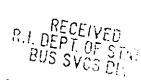
Annual Report for the year: Limited Liability Company

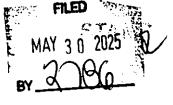
2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.





2025 HAY -0 P 4: 28

1. Entity ID Number 000138841	1	2. Exact name of the Limited Liability Company DIALYSIS CENTERS OF RHODE ISLAND II			
3. NAICS Code 621999		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 Limite	ed Liability Company and Name of	or Title of Contact Person	<u> </u>		
Contact Name MICHAEL THURSBY		Contact Title MANAGER			
Street Address 318 WATERMAN AVE		City EST PROVIDENCE	State RI	^{Zip} 02914	
8. The Resident Agent infor	mation currently of record with the	ne RI Department of State is accurate. C	hanges require	e filing Form 642.	
	y, I declare and affirm that I ha tatements contained herein ar	ive examined this report, including an	y accompany	ing schedules and	
Name of Authorized Person			Date 5/11/25		
Signature of Authorized Pe	rson				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov