



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 02 2022

BY 0052
[Signature]

Annual Report for the year: 2022
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 000065931		2. Exact name of the Corporation dialysis patients association-warwwick			
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 & medical bills			
4. NAICS Code 624229					
6. Principal Office Address 23 larkspur rd		City warwick	State r.i.	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name dianne stein			Vice-President Name bruce stein		
Street Address 23 larkspur rd			Street Address 23 larkspur rd		
City warwick	State r.i.	Zip 02886	City warwick	State r.i.	Zip 02886
Secretary Name beth upham			Treasurer Name dianne stein		
Street Address 42 corona ct			Street Address 23 larkspur rd		
City warwick	State r.i.	Zip 02886	City warwick	State r.i.	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name kim turner			Director Name judy witt		
Street Address 145 hideaway ln			Street Address lee ave		
City n. kingstown	State r.i.	Zip 02879	City warwick	State r.i.	Zip 02886
Director Name debra armenti			Director Name NONE		
Street Address 21 arnold ave			Street Address		
City cranston	State r.i.	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.					
<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 dianne stein				Date 1/20/2022	
Signature of Officer/Authorized Representative <i>Dianne Stein</i>					

MAIL TO:
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