

1.) CORPORATION NAME:

DUE DATE: **10/31/2012**

Renal Advantage Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1646621**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 920 WINTER STREET

CITY/ST/ZIP: WALTHAM, MA 02451

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RONALD J KUERBITZ TITLE: PRESIDENT ADDRESS: 920 WINTER STRET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SIMON CASTELLANOS TITLE: VICE PRESIDENT ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANGELO MOESSLANG TITLE: CFO ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOLENE VARNEY TITLE: VICE PRESIDENT ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DOUGLAS KOTT TITLE: SECRETARY ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOE RUMA TITLE: VICE PRESIDENT ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PAUL COLANTONIO TITLE: ASST TREASURER ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK FAWCETT TITLE: TREASURER ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRYAN MELLO TITLE: ASST TREASURER ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JESSICA STEWART TITLE: ASST SECRETARY ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARIA T C GILLIS TITLE: ASST TREASURER ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOLIE SPRING TITLE: ASST SECRETARY ADDRESS: 920 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ PAUL COLANTONIO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL COLANTONIO, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	1/24/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		