No. **C 211863**	**Due no later than Nov 30, 2017**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** NXSTAGE MEDICAL, INC. 350 MERRIMACK ST LAWRENCE MA 01843	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOSEPH E. TURK	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
SECRETARY	WINIFRED L. SWAN	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
TREASURER	MATT W. TOWSE	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	JAMES PETERS	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	REID S. PERPER	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	CRAIG W. MOORE	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	JEAN K. MIXER	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	EARL R. LEWIS	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	DANIEL A. GIANNINI	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	ROBERT G. FUNARI	350 MERRIMACK ST.	LAWRENCE	MA	USA	01843
DIRECTOR	HEYWARD R DONIGAN	350 MERRIMACK ST	LAWRENCE	MA		01843
DIRECTOR	JEFFREY H. BURBANK	350 MERRIMACK ST	LAWRENCE	MA		01843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **C 211863**	Signature: Kelly	Date: 10/09/2017
	Name (type or print): Kelly	Title: Lettmann
Processed 10/09/2017	* Electronically provided signatures are accepted as original signatures.	