

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

2008

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 401.222.3 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penatty jee oj \$25.tkt.						
1. Corporate ID No.	2. Name of Corporation					
26303	DIAbetes	s FOUNdati	ON OF Rhode I	Island I	ME.	
3. State of Incorporation	4. Corporate address in I	Rhode Island - Street Address			Z	ip.
RI	11170	OUGLAS A	ve Unit#2	WORTH.	PROV.	02904
5. Foreign corporation. Enter pr	rincipal office address		City	State	Z	ip
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6. Brief Description of the characte	er of the affairs which are ac	tually conducted in Rhode Isla	and			
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7. NAMES AND ADDRESS	ES OF THE OFFICERS	. ("X" BOX FOR ATTACH	MENT) LEILL IN SPACE	S BEFORE USING	ATTACHMI	
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MARCEUUS	SHARAE	<u> </u>	John	31/0/4-3	OVEREI	GNIDHIK
265 Ad	MIRAL S	treet.	FINANCE	State PIA	ZA.	
City	State	Zip	Gity	State	Zi	ip ·
PROV	RI.	02908	PROV.	RI		02903
8. NAMES AND ADDRESS	ES OF THE DIRECTOR	RS: ("X" BOX FOR ATTIAC	HMENT) TILL IN SPACE	S BEFORE USIN	G ATTACHM	Dagger Charles of Arms and Charles are an arms and Color Services are non
THE NUMBER OF DIREC	TORS OF A DOMESTI	C (RHODE ISLAND) (ORPORATION SHALL NO	OT BE LESS THA	Y THREE (3). R.I.G.L. 7-6-23
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Cherie K. F	Fisher DIA	betes Foundation	n GREG F	OX M.	D.	
Stroot Address			Street Address		·•	
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PROV.			Dec Constitution for Control and Control a		.0000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. REGISTERED AGENT IN	RHODE ISLAND - D	O NOT ALTER - Chang	es require filing of Forn	n 641 - R.I.G.L. 7	-6-13 / 7-6-	78:200:00:00:00:00:00:00:00:00:00:00:00:00
Agent Name			Diabetes Foundation of DI. Twe.			
CherieK. F	1sher		DIAbetesto	OUN dAtio	NOFA	I. INC.
Address	, ,	1 1 #	City		Zip	:
1117 100	GLAS AUG	UNIT 2	NORTH PROVI	dence	02	904
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement/contained herein are true and correct.

Marcellus

Print or Type Name of Officer

Form 631 Rev. 12/06