



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 875181		2. Exact name of the Corporation Diabetes Charities of America			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fund-raising support for diabetes charities			
5. Principal office address 216 Brown Street			City Providence	State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dennis C. Russo, Ph.D. ABPP			Vice-President Name Eileen Pollock, MS		
Street Address Dept. of Family Medicine Brody School of Medicine, Univ. of Carolina			Street Address 11 Washington St.		
City Greenville	State NC	Zip 27034	City Newton	State MA	Zip 02458
Secretary Name Scott Brooks			Treasurer Name		
Street Address Gregory, Moore, Jenkle & Brooks PC 65 Cordillier Sq			Street Address		
City Detroit	State MI	Zip 48226	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) - RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dennis C. Russo, Ph.D. ABPP			Director Name Eileen Pollock, MS		
Street Address Dept of Family Medicine, Brody School of Medicine, E Carolina University, 101 Heart Drive			Street Address 11 Washington Street		
City Greenville	State NC	Zip 27034	City Newton	State MA	Zip 02458
Director Name Scott Brooks			Director Name		
Street Address Gregory, Moore, Jenkle & Brooks PC 65 Cordillier Square			Street Address		
City Greenville	State NC	Zip 48226	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND
 This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUL 01 2014

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.

Heidi Howard 7/1/14
 Signature of Officer or Authorized Representative Date

Ch 227662 Heidi Howard, CEO
 Print or Type Name of Officer or Authorized Representative

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