



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

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 penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000875181

2. Name of Corporation DIABETES CHARITIES OF AMERICA

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 216 BROWN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HELPING CHARITEIS PARTICIPATE IN WORKPLACE GIVING CAMPAIGNS TO PREVENT, TREAT OR CONDUCT RESEARCH ON DIABETES AND RELATED DISEASES, DISORDERS AND CONDITIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-----------|--|---|
| PRESIDENT | DENNIS C. RUSSO | DEPT OF FAMILY MEDICINE 101 HEART DRIVE 654 MS GREENVILLE, NC 27834 USA |
| TREASURER | EILEEN POLLACK | 11 WASHINGTON STREET, #3 |

| | | |
|----------------|------------------------------|---|
| | | NEWTON, MA 02458 USA |
| SECRETARY | SCOTT BROOKS | 65 CADILLAC SQUARE DETROIT, MI 48226 USA |
| VICE PRESIDENT | EILEEN POLLACK | 11 WASHINGTON STREET, #3 NEWTON, MA 02458 USA |
| DIRECTOR | SCOTT BROOKS | 65 CADILLAC SQUARE DETROIT, MI 48226 USA |
| DIRECTOR | DENNIS C. RUSSO PHD, ABPP | DEPT OF FAMILY MEDICINE101 HEART DR, 654 MAILSTOP GREENVILLE, NC 27834 USA |
| DIRECTOR | EILEEN POLLACK | 11 WASHINGTON STREET, #3 NEWTON, MA 02458 USA |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JAMES O. REAVIS 55 DORRANCE STREET SUITE 200 PROVIDENCE , RI 02903

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

Signed this 29 Day of May, 2015 at 11:12:09 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By HEIDI HOWARD
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved