



**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 **2017**

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.

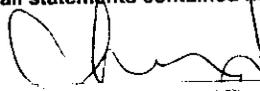
1. Entity ID No. <b>26222</b>		2. Exact name of the Corporation <b>Diabetes and Endocrine Society of Rhode Island, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To promote physician education in diabetes and endocrinology</b>			
5. Principal office address <b>159 President Ave.</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Charles Eil, MD</b>		Vice-President Name <b>N/A</b>			
Street Address <b>159 President Ave.</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Vicky Cheng, MD</b>		Treasurer Name <b>Vicky Cheng, MD</b>			
Street Address <b>375 Wampanoag Trail Suite 103</b>		Street Address <b>375 Wampanoag Trail Suite 103</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
<b>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"/></b>					
Director Name <b>John Monchik, MD</b>		Director Name <b>Charles Kahn, MD</b>			
Street Address <b>151 Slater Ave.</b>		Street Address <b>25 Linden Drive</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>Harikrashtra Bhatt, MD.</b>		Director Name			
Street Address <b>375 Wampanoag Trail, Suite 103</b>		Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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: \_\_\_\_\_

**FILED**  
 JUN 22 2017

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.

Signature of Officer or Authorized Representative:  Date: **6/19/17**

FOR SECRETARY OF STATE USE ONLY

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**VICKY CHENG, MD**

Print or Type Name of Officer or Authorized Representative