



**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: 2017

1. Corporate ID No. 000875181

2. Name of Corporation DIABETES CHARITIES OF AMERICA

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813212

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Incorporator is no longer applicable; please delete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

MICHAEL A. LUCAS, CPA 643 METACOM AVENUE BRISTOL , RI 02809

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

Signed this 5 Day of July, 2017 at 2:29:35 PM 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

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