



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
 JUN 07 2019
 BY 369 DS

1. Entity ID Number 26222		2. Exact name of the Corporation Diabetes and Endocrine Society of Rhode Island, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote physician education in diabetes and endocrinology			
4. NAICS Code <u>62111</u>					
6. Principal Office Address 159 President Ave			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Eil, MD			Vice-President Name N/A		
Street Address 159 President Ave			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Vicky Cheng, MD			Treasurer Name Vicky Cheng, MD		
Street Address 375 Wampanoag Trail Suite 103			Street Address 375 Wampanoag Trail Suite 103		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles Kahn, MD			Director Name Peter Mazzaglia, MD		
Street Address 25 Linden Drive			Street Address 2 Dudley Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02905
Director Name Harikrashna Bhatt, MD			Director Name		
Street Address 375 Wampanoag Trail Suite 103			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Vicky Cheng, MD					Date 6/4/19
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov