



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

FILED

Annual Report for the year: **2019**
 Non-Profit Corporation

JUL 05 2019

BY 1290 DS

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

1. Entity ID Number 507976		2. Exact name of the Corporation DIABETES EDUCATION PARTNERS OF RI, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ORGANIZATION PROVIDING DEABETES EDUCATION, RESEARCH & PREVENTION			
4. NAICS Code 813212 - Voluntary Health O					
6. Principal Office Address 132 OLD RIVER ROAD, SUITE 205			City LINCOLN	State RI	Zip 02665
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DIANA MERCURIO			Vice-President Name DIANE PEZZA		
Street Address 5 HILL STREET			Street Address 65 SCENERY LANE		
City COVENTRY	State RI	Zip 02816	City JOHNSTON	State RI	Zip 02919
Secretary Name PAULA DRZAL			Treasurer Name MARGARET WEBB		
Street Address 14 SHERRI DRIVE			Street Address 13 FOX RIDGE DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02911	City WYOMING	State RI	Zip 02852
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 DIANA MERCURIO			Director Name DIANE PEZZA		
Street Address 5 HILL STREET			Street Address 65 SCENERY LANE		
City COVENTRY	State RI	Zip 02816	City JOHNSTON	State RI	Zip 02919
Director Name PAULA DRZAL			Director Name MARGARET WEBB		
Street Address 14 SHERRI DRIVE			Street Address 13 FOX RIDGE DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02911	City WYOMING	State RI	Zip 02852
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 DIANA MERCURIO				Date 6/27/19	
Signature of Officer/Authorized Representative <i>Diana Mercurio</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov