



State of Rhode Island
Department of State - Business Services Division

FILED

JUN 22 2021

BY

[Handwritten signature]
 TO THE STATE OF RHODE ISLAND

Annual Report for the year: 2021
 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.

1. Entity ID Number 000026222		2. Exact name of the Corporation Diabetes and Endocrine Society of Rhode Island, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote professional education in endocrinology and diabetes			
4. NAICS Code 62111					
6. Principal Office Address 159 President Ave		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Eil MD		Vice-President Name			
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 John Monchik MD		Director Name Peter Mazzaglia MD			
Street Address 151 Slater Ave.		Street Address 2 Dudley St			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02905
Director Name Harikrasha Bhatt MD		Director Name			
Street Address 375 Wampanoag Trail Suite 103		Street Address			
City East Providence	State RI	Zip 02915	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 06/16/2021	
Signature of Officer/Authorized Representative <i>[Handwritten signature]</i>					

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