



Annual Report for the year: 2022
 Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee \$20.00
- Penalty Additional \$25.00 fee if form is not filed by May 31

FILED
 JUL 18 2022
 BY 312KJ

1 Entity ID Number 00002622 2		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 621111					
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 Eli, 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 Harikrashtra 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 06/03/2022	
Signature of Officer/Authorized Representative 					

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