



State of Rhode Island  
Department of State - Business Services Division

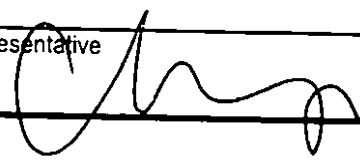
Annual Report for the year: 2023  
Non-Profit Corporation

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

FILED

MAY 09 2023

BY 313 DS

1. Entity ID Number <b>26222</b>		2. Exact name of the Corporation <b>Diabetes and Endocrine Society of Rhode Island, Inc</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>to promote physician education in diabetes and endocrinology</b>			
4. NAICS Code <b>621111</b>					
6. Principal Office Address <b>159 President Avenue</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charles Eil MD</b>			Vice-President Name		
Street Address <b>159 President Avenue</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Vicky Cheng</b>			Treasurer Name <b>Vicky Cheng</b>		
Street Address <b>375 Wampanoag Trail Suite 103</b>			Street Address <b>375 Wampanoag Trail Suite 103</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John Monchik MD</b>			Director Name <b>Peter Mazzaglia</b>		
Street Address <b>151 Slater Ave.</b>			Street Address <b>2 Dudley St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Harikrashna Bhatt MD</b>			Director Name		
Street Address <b>375 Wampanoag Trail Suite 103</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Vicky Cheng</b>				Date <b>May 3, 2023</b>	
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