



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

MAY 13 2024

Non-Profit Corporation

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

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 To promote physician education in diabetes and endocrinology					
4. NAICS Code 62111							
6. Principal Office Address 159 President Avenue				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			
Street Address 159 President Avenue				Street Address			
City Providence		State RI	Zip 02906		City		State
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
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 Peter Mazzaglia MD				Director Name Harikrasha Bhatt MD			
Street Address 2 Dudley St				Street Address 375 Wampanoag Trail Suite 103			
City Providence		State RI	Zip 02905		City Providence		State RI
Director Name Russell Bratman MD				Director Name			
Street Address 375 Wampanoag Trail				Street Address			
City Providence		State RI	Zip 02915		City		State
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						Date 05/02/2024	
Signature of Officer/Authorized Representative 							

MAIL TO:
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