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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **Non-Profit Corporation**

MAY 1 3 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00
→ Penalty, Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation					
000026222	Diabetes and Endocrine Society of Rhode Island, Inc					
3. State of Incorporation	,		er of business conducted in Rhode Island			
RI	To promote (p <mark>hysician ed</mark> u	ucation in diabetes and endocrinology			
4. NAICS Code.	1					
6 Original Office A III	<u> </u>		Oit.	Tour	T	
6. Principal Office Address 159 President Avenue			City	State	Zip 02906	
			Providence	RI		
7. List ALL officers (names and add			· · · · · · · · · · · · · · · · · · ·	the box to indicate a	n attachment 🔲	
President Name Charles Eil MD)		Vice-President Name			
Street Address 159 President A	\venue		Street Address			
^{City} Providence	State RI	^{Zip} 02906	City	State	Zip	
Secretary Name Vicky Cheng M			Treasurer Name Vicky Cheng	MD		
Street Address 375 Wampanoa		103	Street Address 375 Wampan		e 103	
City East Providence	State RI	^{Zip} 02915	^{City} East Providence	State RI	02915	
8. List ALL directors (names and ad	ddresses). RI Corp	orations MUST lis		the box to indicate a	n attachment	
			Director Name Harikrashna Bhatt MD			
Director Name Peter Mazzaglia	MD				- Attachment	
Director Name Peter Mazzaglia Street Address 2 Dudley St	MD			Shatt MD	.=	
	MD State RI	^{Zip} 02905	Director Name Harikrashna B	Shatt MD	.=	
Street Address 2 Dudley St City Providence Director Name Russell Bratman	State RI	^{Zip} 02905	Director Name Harikrashna B Street Address 375 Wampand	Shatt MD pag Trail Suite	e 103	
Street Address 2 Dudley St City Providence Director Name Russell Bratman Street Address 375 Wampanoa	State RI n MD ng Trail	^{Zip} 02905	Director Name Harikrashna B Street Address 375 Wampand City Providence	Shatt MD pag Trail Suite	e 103	
Street Address 2 Dudley St City Providence Director Name Russell Bratman	State RI	^{Zip} 02905	Director Name Harikrashna B Street Address 375 Wampano City Providence Director Name	Shatt MD pag Trail Suite	e 103	
Street Address 2 Dudley St City Providence Director Name Russell Bratman Street Address 375 Wampanoa	State RI n MD ng Trail	^{Zip} 02915	Director Name Harikrashna B Street Address 375 Wampano City Providence Director Name Street Address City	State RI State	zip 02915	
Street Address 2 Dudley St City Providence Director Name Russell Bratman Street Address 375 Wampanoa City Providence	State RI n MD ng Trail State RI on of record with the	Zip 02915 e RI Department i I have examined	Director Name Harikrashna B Street Address 375 Wampano City Providence Director Name Street Address City of State is accurate. Changes required this report, including any according	Shatt MD Dag Trail Suite State RI State	zip 02915	
City Providence Director Name Russell Bratman Street Address 375 Wampanoa City Providence 9. The Registered Agent informatio Under penalty of perjury, I declar	State RI n MD ag Trail State RI on of record with the and affirm that into contained here	Zip 02915 e RI Department of thave examined rein are true and	Director Name Harikrashna B Street Address 375 Wampano City Providence Director Name Street Address City of State is accurate. Changes required this report, including any accordance correct.	State RI State RI State RI State RI State St	zip 02915 Zip	
City Providence Director Name Russell Bratman Street Address 375 Wampanoa City Providence 9. The Registered Agent informatio Under penalty of perjury, I declar statements, and that all statement Inis report must be signed by either the Pres Name of Officer/Authorized Repres	State RI n MD ng Trail State RI on of record with the re and affirm that into contained here sident. Vice-President. S	Zip 02915 e RI Department of thave examined rein are true and	Director Name Harikrashna B Street Address 375 Wampano City Providence Director Name Street Address City of State is accurate. Changes required this report, including any accordance correct.	State RI State RI State RI State RI State St	zip 02915 Zip	
City Providence Director Name Russell Bratman Street Address 375 Wampanoa City Providence 9. The Registered Agent informatio Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Pres Name of Officer/Authorized Repres Vicky Cheng	State RI n MD ng Trail State RI on of record with the re and affirm that nts contained her sident, Vice-President, Sentative	Zip 02915 e RI Department of thave examined rein are true and	Director Name Harikrashna B Street Address 375 Wampano City Providence Director Name Street Address City of State is accurate. Changes required this report, including any accordance correct.	Shatt MD Dag Trail Suite State RI State	zip O2915	
City Providence Director Name Russell Bratman Street Address 375 Wampanoa City Providence 9. The Registered Agent informatio Under penalty of perjury, I declar statements, and that all statement Inis report must be signed by either the Pres Name of Officer/Authorized Repres	State RI n MD ng Trail State RI on of record with the re and affirm that nts contained her sident, Vice-President, Sentative	Zip 02915 e RI Department of thave examined rein are true and	Director Name Harikrashna B Street Address 375 Wampano City Providence Director Name Street Address City of State is accurate. Changes required this report, including any accordance correct.	Shatt MD Dag Trail Suite State RI State State State Interpretation of the control of the c	zip O2915	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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