



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000134236

2. Exact Name of the Limited Liability Company DECARE DENTAL NETWORKS, LLC

3. State of Formation

State: MN

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

813910

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ADMINISTRATION OF DENTAL PROVIDER NETWORKS

5. Principal Office Address

No. and Street: 3560 DELTA DENTAL DRIVE

City or Town: EAGAN

State: MN Zip: 55122 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 120 MONUMENT CIRCLE

City or Town: INDIANAPOLIS

State: IN Zip: 46204 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DANI V FJELSTAD	3560 DELTA DENTAL DRIVE EAGAN, MN 55122 USA
MANAGER	KATHLEEN S KIEFER	120 MONUMENT CIRCLE

		INDIANAPOLIS, IN 46204 USA
MANAGER	ROBERT DAVID KRETSCHMER	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA
MANAGER	ERIC K NOBLE	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of October, 2017 at 11:30:10 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By KATHLEEN S. KIEFER
Signature of Authorized Person

Form No. 632
Revised 09/07