RI SOS Filing Number: 200812578500 Date: 07/21/2008 4:00 PM

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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
29992	RI Dental Hygienists Association		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	P.O. Box 41018	Providence	02940
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Promoting total health through quality oral health care

7. **NAMES AND ADDRESSES OF THE OFFICERS:** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Celia Willis	Daiphin Bober
Street Address	Street Address
112 Tiernan Ave	2 Hattre Ave
City / State / Zip	City / State / Zip
Warwick / RI / 02886	Greenville / RI / 02828
Secretary Name	Treasurer Name
Patt. McChrystal	Lori Freeman
Street Address	Street Address
64 Eddy St. Rear	219 Brian Dr
City / State / Zip	City / State / Zip
N. Providence / RI / 02911	Warwick / RI / 02886

8. **NAMES AND ADDRESSES OF THE DIRECTORS:** *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Roseanne Errante (past president)	Melissa Sullivan (trustee)
Street Address	Street Address
129 Overfield Rd	5 North Hereford Rd Dr
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	Cumberland / RI / 02864
Director Name	Director Name
Pamela Nelson (trustee)	
Street Address	Street Address
45 High St	
City / State / Zip	City / State / Zip
Bristol / RI / 02809	

9. **REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

Agent Name	Address
Melissa Sullivan see form 641	5 North Hereford Rd Dr.
Address	City / Zip
	Cumberland / 02864

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED 20:11
File Date JUL 21 2008
Check No. By 063886
By
FOR SECRETARY OF STATE USE ONLY

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.

Lori-Ann M Freeman 6/22/08
Signature of Officer *Date*

Lori-Ann M Freeman
Print or Type Name of Officer

Treasurer
Title of Officer

24650-2-269166

Form 631 Rev. 12/06