

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. 7-6-94) is subject to a

penalty fee of \$25.00.					
1. Corporate ID No.	2. Name of Corporation			57.	
63828	ACADEMY	ACADEMY OF GENERAL DENTISTRY - R.I. CHAPTER			<b>5</b> ) •
3. State of Incorporation	4. Corporate aa	ldress in Rhode Island - Street A	Address	City	Zip
Rhode Island	868 Reser	voir Avenue		Cranston	0 <del>29</del> 10 -
5. Foreign corporation. Enter principal office address			City	State	Zip —,
6. Brief Description of the charac	cter of the affairs whi	ch are actually conducted in Ri	bode Island		13.
To advance the profession	on of general de	nistry in Rhode Island a	s well as any other reasonal	ole related purpose.	
7. NAMES AND ADDRES	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS
President Name			Vice President Name		
H. Michael Sefranek, I	DMD MAGD		Elisa Liberto, DMD		
Street Address			Street Address		
338 County Road, Suite B			19 Locust Valley Road		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Exeter	RI	02882
Secretary Name			Treasurer Name		
Marty Karish-Dodge, [	OMD		Steven A. Fazzini, DMD, MAGD		
Street Address 1438 Park Avenue			Street Address 868 Reservoir Avenue		
City	State	Zip	City	State	Ζίρ
Woonsocket	RI	02895	Cranston	RI	02910
			ATTACHMENT) TILL IN SP		
THE NUMBER OF DIRE	CTORS OF A DO	OMESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
H. Michael Sefranek,	DMD MAGD				
Street Address			Street Address		
338 County Road, Suite B			19 Locust Valley Road <b>文</b> 英文式		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Exeter	Ri	-02882
Director Name			Director Name		
Marty Karish-Dodge, I	OMD		Steven A. Fazzini, DMD, MAGD		
Street Address			Street Address		
1438 Park Avenue			868 Reservoir Avenue		
City	State	Zip	Сцу	State	LAP
Woonsocket	RI	02895	<sup>1</sup> Cranston	RI	02910
9. REGISTERED AGENT	IN RHODE ISLA	AND			
This information is curren	tly of record in th	he Office of the Secretary	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-6	-13/7-6-78

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

<b>6</b> 3828	
EUCD W	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
TILL D	statements contained herein are true and correct.
File Date NOV 1 7 2008	Signature of Officer Date
Check No. By 073352 2'05	Steven A. Fazzini, DMD, MAGD Print or Type Name of Officer
Ry:	Treasurer
FOR SECRETARY OF STATE USE ONLY	Tule of Officer Form 631 Rev. 09/17