



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. 7-6-94) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>63828</b>		2. Name of Corporation <b>ACADEMY OF GENERAL DENTISTRY - R.I. CHAPTER</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>868 Reservoir Avenue</b>		City <b>Cranston</b>	Zip <b>02910</b>
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 To advance the profession of general dentistry in Rhode Island as well as any other reasonable related purpose.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>H. Michael Sefranek, DMD MAGD</b>			Vice President Name <b>Elisa Liberto, DMD</b>		
Street Address <b>338 County Road, Suite B</b>			Street Address <b>19 Locust Valley Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name <b>Marty Karish-Dodge, DMD</b>			Treasurer Name <b>Steven A. Fazzini, DMD, MAGD</b>		
Street Address <b>1438 Park Avenue</b>			Street Address <b>868 Reservoir Avenue</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>					
Director Name <b>H. Michael Sefranek, DMD MAGD</b>			Director Name <b>Elisa Liberto, DMD</b>		
Street Address <b>338 County Road, Suite B</b>			Street Address <b>19 Locust Valley Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02882</b>
Director Name <b>Marty Karish-Dodge, DMD</b>			Director Name <b>Steven A. Fazzini, DMD, MAGD</b>		
Street Address <b>1438 Park Avenue</b>			Street Address <b>868 Reservoir Avenue</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing 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

63828

FILED

File Date **NOV 17 2008**

Check No. **By 073352 205**

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.

Signature of Officer

Date

**Steven A. Fazzini, DMD, MAGD**

Print or Type Name of Officer

**Treasurer**

Title of Officer