



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000129244

2. Name of Corporation Dental Benefit Providers, Inc.

3. Street Address Principal Business Office:

No. and Street: 6220 OLD DOBBIN LANE
LIBERTY 6, SUITE 200

City or Town: COLUMBIA State: MD Zip: 21045 Country: USA

4. Business Phone No.

9529925122

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

MANAGEMENT AND ADMINISTRATION OF PREPAID DENTAL CARE PROGRAMS AND GENERAL BUSINESS PURPOSES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DIANE D SOUZA	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA
TREASURER	ROBERT W OBERRENDER	9900 BREN RD E MINNETONKA, MN 55343 USA
SECRETARY	TIMOTHY F RYAN	9900 BREN RD E MINNETONKA, MN 55434 USA
ASSISTANT SECRETARY	JUANITA B LUIS	9900 BREN RD E MINNETONKA, MN 55343 USA
ASSISTANT TREAS	KYLE C STERN	6220 OLD DOBBIN LN COLUMBIA , MD 21045 USA
ASSISTANT SECRETARY	JENNIFER L LEWIS	6220 OLD DOBBIN LN COLUMBIA, MD 21045 USA
DIRECTOR	DAVID L SPARKMAN	9900 BREN RD E MINNETONKA, MN 55343 USA
DIRECTOR	KYLE C STERN	6220 OLD DOBBIN LN #200 COLUMBIA, MD 21045 USA
DIRECTOR	JOHN A WAY	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	100,000.00	100001

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 20 Day of February, 2009 at 6:16:02 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JUANITA B LUIS
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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