



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 2009

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. 61789		2. Name of Corporation RHODE ISLAND ACADEMY OF PEDIATRIC DENTISTRY			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 15 OLD BEACH ROAD		City NEWPORT	Zip 02840
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 EDUCATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CRAIG ELICE			Vice President Name BRIAN SHANNON		
Street Address 1090 NEW LONDON AVE			Street Address 130 GRANITE ST		
City CRANSTON	State RI	Zip 02920	City WESTERLY	State RI	Zip 02891
Secretary Name GEORGE A. KATES			Treasurer Name STEVEN LASSER		
Street Address 15 OLD BEACH ROAD			Street Address 1090 NEW LONDON AVE		
City NEWPORT	State RI	Zip 02840	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 TOM SWANSON			Director Name DANIEL G. KANE		
Street Address 1985 EAST MAIN ROAD			Street Address 21 PEARCE STREET		
City PORTSMOUTH	State RI	Zip 02871	City PROVIDENCE	State RI	Zip 02907
Director Name WILLIAM B. CHAN			Director Name NONE		
Street Address 2359 MENDON ROAD			Street Address NONE		
City CUMBERLAND	State RI	Zip 02864	City NONE	State	Zip
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

File Date	FILED
Check No.	MAY 15 2009
By:	By 156
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.

GA Kates **5/14/09**
Signature of Officer Date
GEORGE A. KATES
Print or Type Name of Officer
SECRETARY
Title of Officer