



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2010

**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.**

571-262-8923

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN KLISTER	6220 OLD DOBBINS LANE COLUMBIA, MD 21045 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
CFO	MICHAEL LATIMER	6220 OLD DOBBINS LANE COLUMBIA, MD 21045 USA
ASSISTANT SECRETARY	JUANITA B LUIS	9900 BREN RD E MINNETONKA, MN 55343 USA
ASSISTANT SECRETARY	JENNIFER L LEWIS	6220 OLD DOBBIN LN COLUMBIA, MD 21045 USA
ASSISTANT SECRETARY	MICHELLE HUNTLEY DILL	9900 BREN RD EAST MINNETONKA, MN 55343 USA
DIRECTOR	PAUL HEBERT	450 COLUMBUS BLVD - SB HARTFORD, CT 06103 USA
DIRECTOR	DIANE SOUZA	450 COLUMBUS BLVD -SB HARTFORD, CT 06103 USA
DIRECTOR	STEVEN KLISTER	6220 OLD DOBBINS LANE COLUMBIA, MD 21045 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 1 Day of March, 2010 at 3:40:53 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 CHERYL HERKE  
Signature of Authorized Representative of the Corporation

AUTHORIZED FILER  
Title

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

Form No. 630  
Revised 09/07

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