



**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

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2010

**1. ID No.** 000530450

**2. Exact Name of the Limited Liability Company** Dental Network of America, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Administrator of dental care programs and networks

**5. Principal Office Address**

No. and Street: TWO TRANSAM PLAZA DRIVE, SUITE 500

City or Town: OAKBROOK PLAZA

State: IL Zip: 60181 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ELIZABETH SZLEMBARSKA Contact Title: PARALEGAL SPECIALIST

No. and Street: TWO TRANSAM PLAZA DRIVE, SUITE 500

City or Town: OAKBROOK PLAZA

State: IL Zip: 60181 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	JOHN J. DOYLE	TWO TRANSAM PLAZA DR. STE. 500 OAKBROOK TERRACE, IL 60181 USA
MANAGER	ANTHONY F TRANI	1020 W 31ST STREET DOWNERS GROVE, IL 60515 USA
MANAGER	SCOTT A. HILGEMANN	300 E. RANDOLPH ST. CHICAGO , IL 60601 USA
MANAGER	PAULA A. STEINER	300 E. RANDOLPH ST. CHICAGO , IL 60601 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 11 Day of August, 2010 at 3:19:37 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By JOHN J. DOYLE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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