

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 2011

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.	2. Name of Corp	2. Name of Corporation				
63828	ACADEMY	ACADEMY OF GENERAL DENTISTRY - R.I. CHAPTER				
3. State of Incorporation	4. Corporate add	dress in Rhode Island - Street A	Address	City	Zip	
Rhode Island	868 Resen	voir Avenue		Cranston	02910	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the ch	paracter of the affairs which	ch are actually conducted in Ri	oode Island		-	
To advance the profe	ssion of general de	nistry in Rhode Island a	s well as any other reasona	ble related purpose.		
7 NAMES AND ADD	DESCES OF THE OF	CICEDS. ("Y" DOV DOD 4"	TTACHMENT) FILL IN SI	PACES REFORE HISING ATT	'ACHMENTS	
7. NAMES AND ADDR President Name	AESSES OF THE OF	FICERS: (A BUAFUR A	Vice President Name	ACES BEFORE USING ALL	ACHMEN 13	
H. Michael Sefrane	k DMD MAGD		Elisa Liberto, DMD			
Street Address	is pino inition		Street Address			
338 County Road, S	Suite B		19 Locust Valley Road			
Giţy	State	Zip	City	State	Zip	
Barrington	RI	02806	Exeter	RI	02882	
Secretary Name			Treasurer Name			
Marty Karish-Dodge	e, DMD		Steven A. Fazzini, DMD, MAGD			
Street Address			Street Address			
1438 Park Avenue			868 Reservoir Avenue			
City	State	Zip	City	State	Zip	
Woonsocket	RI	02895	Cranston	RI	02910	
		•	ATTACHMENT) FILL IN S			
	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHAI</u> Director Name	LL NOT BE LESS THAN TH	KEE (3). K.I.G.L. 7-0-23	
Director Name						
H. Michael Sefrane Street Address	K, UMD MAGD		Elisa Liberto, DMD Street Address			
	Cuita D		19 Locust Valley Road			
338 County Road, S	Suite B	Zip	City	State	Zip	
Barrington	RI	02806	Exeter	RI	02882	
Director Name	IN	[02000	Director Name	11/1	[02002	
Marty Karish-Dodge, DMD			Steven A. Fazzini, DMD, MAGD			
Street Address			Street Address	<u></u>		
1438 Park Avenue			868 Reservoir Avenue			
ca_{j}	State	Zip	City	State	Zip	
Woonsocket	RI	02895	Cranston	RI	02910	
9. REGISTERED AGE	NT IN RHODE ISLA	ND		•	•	
This information is an	wantly of vacced in th	o Office of the Secretary	of State. Changes require filin	og of Form 641 - PIGI 7.6	-13/7-6-78	
This repo	rt must be signed by	either the President, Vic	ce President, Secretary, Assi	stant Secretary, Treasurer, R	Receiver or Trustee	

63828	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
FILED FILED	statements contained herein are the and correct.
Check No	Signature of Officer Steven A. Fazzini, DMD, MAGD Print or Type Name of Officer
FOR SECRETARY OF STATE USE COLLY	Treasurer Title of Officer