



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000530450</b>		2. Exact name of the limited liability company <b>Dental Network of America, LLC</b>			
3. State of Formation <b>DE</b>		4. Brief description of the character of business conducted in Rhode Island <b>Third Party Administrator of dental care programs and networks</b>			
5. Principal office address <b>701 E. 22nd Street, Suite 300</b>		City <b>Lombard</b>	State <b>IL</b>	Zip <b>60148</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Elizabeth Szlembarska</b>		Contact Title <b>Regulatory Analyst</b>			
Street Address <b>701 E. 22nd Street, Suite 300</b>		City <b>Lombard</b>	State <b>IL</b>	Zip <b>60148</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Craig K. Nordyke</b>		Manager Name <b>Brian F. Griffin</b>			
Street Address <b>1020 W.31st. Street</b>		Street Address <b>1020 W.31st. Street</b>			
City <b>Downers Grove</b>	State <b>IL</b>	Zip <b>60515</b>	City <b>Downers Grove</b>	State <b>IL</b>	Zip <b>60515</b>
Manager Name <b>Paul E. Gauthier</b>		Manager Name			
Street Address <b>1020 W.31st. Street</b>		Street Address			
City <b>Downers Grove</b>	State <b>IL</b>	Zip <b>60515</b>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

AUG 17 2012

By *[Signature]*  
 CU# 0000211141

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**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.

*[Signature]* **8-13-2012**  
 Signature of Authorized Person Date  
**Craig K. Nordyke**  
 Print or Type Name of Authorized Person