



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000638785

2. Name of Corporation Dental Lifeline Network-Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 67 JEFFERSON BLVD.

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDING ACCESS TO DENTAL CARE TO VULNERABLE INDIVIDUALS WHO ARE DISABLED, ELDERLY OR MEDICALLY AT RISK

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
TRUSTEE	FIRST, MIDDLE, LAST, SUFFIX JULIE ANN SNYDER	Address, City or Town, State, Zip Code, Country 1800 15TH ST. #100 DENVER, CO 80202 USA
DIRECTOR	MARTIN C. NAGER, DDS	67 JEFFERSON BOULEVARD WARWICK, RI 02888 USA

DIRECTOR	M. CHRISTINE BENOIT DMD	4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
DIRECTOR	ROBERT BARTRO DDS	516 SOUTH MAIN ST. WOONSOCKET, RI 02895 USA
DIRECTOR	NICK BARONE DDS	1804 MINERAL SPRING AVE. 1804 MINERAL SPRING AVE., RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PATRICK QUINLAN 875 CENTERVILLE COMMONS, BUILDING 4, #12 WARWICK , RI 02886

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 1 Day of November, 2012 at 10:05:29 AM. *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 § 7-6.*

By JULIE SNYDER
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

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. 631
Revised 09/07

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