RI SOS Filing Number: 201442340640 Date: 07/08/2014 11:46 PM

**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:** 2014

**1. Corporate ID No.** 000746429

**2. Name of Corporation** Dental Stop

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 22 RIVERVIEW DRIVE
City or Town: NORTH PROVIDENCE State: RI Zip: 02904 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**

TO PROVIDE DENTAL CARE, INCLUDING PREVENTATIVE CARE AND DENTAL EDUCATION TO NURSING HOME PATIENTS, HOMELESS INDLIVIDUALS, SHUT-INS AND SCHOOL CHLIDREN.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | GAIL ELLEN WEISBERG | 22 RIVERVIEW DR<br>NO PROVIDENCE, RI 02904 USA |
| DIRECTOR | MARY LEET KELLERMAN | 38 PRATT ST |

0-9211-0

| | | |
|---|---|---|
| | | BILLERICA, MA 01861 USA |
| DIRECTOR | JACKIE VENTURA | 19 GREENLEAF RD<br>BRIDGEWATER, MA 02324 USA |
| DIRECTOR | DEBRA HESEK | 364 WHITNEY STREET<br>NORTHBORO, MA 01532 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**

GAIL WEISBERG 22 RIVERVIEW DRIVE NORTH PROVIDENCE , RI 02904

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

**Signed this 8 Day of July, 2014 at 11:46:58 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 § 7-6.*

By GAIL E WEISBERG
Signature of Authorized Person

Form No. 631
Revised 09/07