



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 INDIVIDUALS, SHUT-INS AND SCHOOL CHILDREN.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	GAIL ELLEN WEISBERG	22 RIVERVIEW DR NO PROVIDENCE, RI 02904 USA
DIRECTOR	MARY LEET KELLERMAN	38 PRATT ST

		BILLERICA, MA 01861 USA
DIRECTOR	JACKIE VENTURA	19 GREENLEAF RD BRIDGEWATER, MA 02324 USA
DIRECTOR	DEBRA HESEK	364 WHITNEY STREET 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

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