



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

No Fee

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

**Domestic Non-Profit
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000746398

2. Name of Corporation Hygienist Institute for Leadership

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 TRAIN DENTAL HYGIENISTS TO DEVELOP LEADERSHIP SKILLS IN ORDER TO GIVE BACK TO THE PROFESSION, AND TO PROVIDE DENTAL CARE TO THE DISADVANTAGED.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MARY LEET KELLERMAN	38 PRATT ST BILLERICA, MA 01821 USA
DIRECTOR	JACKIE ANAPOLIE	188 MILL ST STOUGHTON, MA 02072 USA

FOUNDER, PRESIDENT	GAIL ELLEN WEISBERG	22 RIVERVIEW DR NO PROVIDENCE, RI 02904 USA
VICE PRESIDENT	ANNE MARIE JENSEN	256 MAPLE ST FALL RIVER, MA 02720 USA
DIRECTOR	LAURA BARLOW	9 TOWNSEND ROAD LYNNFIELD, MA 01940 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

Signed this 17 Day of July, 2014 at 9:55:00 AM 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 WEISBERG
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

