



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: 2015

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: 875 CENTERVILLE RD., BLDG.4 STE. 12

City or Town: WARWICK

State: RI Zip: 02886 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
EXECUTIVE DIRECTOR	ROBERT BARTO DDS	516 SOUTH MAIN ST. WOONSOCKET, RI 02895 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	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, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of November, 2015 at 11:40:08 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 JULIE SNYDER
Signature of Authorized Person

Form No. 631
Revised 09/07

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