



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. 000029985

2. Name of Corporation Rhode Island Dental Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 875 CENTERVILLE ROAD
BUILDING 4, SUITE 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

TO PROMOTE THE ART AND SCIENCE OF DENTISTRY AND TO FAVOR THE HEALTH AND WELFARE OF OUR PATIENTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	PAUL F CALITRI DMD	875 CENTERVILLE RD BLDG 4 SUITE 12 WARWICK, RI 02886 USA
TREASURER	BRYAN F BEAGAN DMD	875 CENTERVILLE RD BLDG 4 SUITE 12

		WARWICK, RI 02886 USA
DIRECTOR	GEORGE B GETTINGER DMD	875 CENTERVILLE ROAD WARWICK, RI 02886 USA
DIRECTOR	JENNIFER A TORBETT DMD	875 CENTERVILLE RD BLDG 4 SUITE 12 WARWICK, RI 02886 USA
DIRECTOR	LISA KAY WOOD	875 CENTERVILLE RD BLDG 4 SUITE 12 WARWICK, RI 02886 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**

VALERIE G. CELENTANO 875 CENTERVILLE ROAD BUILDING 4, SUITE 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 1 Day of December, 2015 at 10:35:10 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 LISA KAY WOOD
Signature of Authorized Person

Form No. 631
Revised 09/07

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