



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

Fee: \$50.00

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

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000120483

**2. Name of Corporation** Eastern Dental Insurance Agency, Inc.

**3. Street Address Principal Business Office:**

No. and Street: C/O ROBERT BARTRO, DDS  
38C EAGLE RUN

City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

**4. Business Phone No.**

800-898-3342

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO ACT AS AN INSURANCE AGENT AND BROKER

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HOPE MAXWELL	200 FRIBERG PKWY WESTBOROUGH, MA 01581 USA
TREASURER	CONSTANTINOS A LEVANOS DDS	9 CAMPFIRE PLACE WEST BROOKFIELD, MA 01585 USA
SECRETARY	ARMOND ENOS	300 ELLIOT ST ASHLAND, MA 01721 USA
VICE PRESIDENT	JOHN DOMBEK	93 WYNWARD ROAD

		LONGMEADOW, MA 01106 USA
DIRECTOR	MICHAEL H WASSERMAN DDS	54WENDELL AVENUE PITTSFIELD, MA 01201 USA
VICE PRESIDENT	SHEILA ANZUONI	200 FRIBERG PKWY WESTBOROUGH, MA 01581 USA
DIRECTOR	PAULA FRIEDMAN	170 HYSLOP RD. BROOKLINE, MA 02445 USA
DIRECTOR	JOHN MOTT	PO BOX 293 HARDWICK, MA 01037 USA
DIRECTOR	ANCY VERDIER	48 ELM ST. WORCESTER, MA 01609 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	8,000.00	0

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 4 Day of February, 2016 at 11:05:22 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SHEILA ANZUONI  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved