



**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. 000113759

2. Name of Corporation ALTUS DENTAL INSURANCE COMPANY, INC.

3. Street Address Principal Business Office:

No. and Street: 10 CHARLES STREET
City or Town: PROVIDENCE

State: RI Zip: 02904 Country: USA

4. Business Phone No.

401-752-6000

5. State of Incorporation

State: RI

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

TO TRANSACT ANY ONE OR MORE OF THE FOLLOWING KINDS OF INSURANCE:
HEALTH, ACCIDENT OR SICKNESS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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	JOSEPH A NAGLE	10 CHARLES STREET PROVIDENCE, RI 02904-1143 USA
ASSISTANT TREASURER	GEORGE BEDARD	10 CHARLES STREET PROVIDENCE, RI 02904-1143 USA
DIRECTOR	EDWIN J. SANTOS	825 CHALKSTONE AVE. PROVIDENCE, RI 02908 USA
SECRETARY	KERRIE BENNETT	10 CHARLES STREET

		PROVIDENCE, RI 02904-1143 USA
VICE CHAIR	FREDERICK K. BUTLER	400 BLACKSTONE BLVD. PROVIDENCE, RI 02906 USA
DIRECTOR	JULIE DUFFY	40 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	STEVEN J. ISSA	40 WESTMINSTER STREET, STE. 602 PROVIDENCE, RI 02903 USA
DIRECTOR	ALMON C. HALL	50 KENNEDY PLAZA, 19TH FLOOR PROVIDENCE , RI 02903-2360 USA
ASSISTANT SECRETARY	MELISSA A. GENNARI	10 CHARLES STREET PROVIDENCE, RI 02904-1143 USA
DIRECTOR	JOHN T. RUGGIERI	7 JACKSON WALKWAY PROVIDENCE, RI 02903 USA
DIRECTOR	LINDA MCGOLDRICK	P.O. BOX 3399 NEWPORT, RI 02840 USA
CHAIR	WILLIAM A. MEKRUT	270 CENTRAL AVENUE JOHNSTON, RI 02919-4900 USA
DIRECTOR	JOSEPH J. MARCAURELE	23 BROAD STREET WESTERLY, RI 02891 USA
DIRECTOR	JAMES F. MCMANUS DDS	4512 POST ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	FRANCIS J. FLYNN	356 SMITH STREET PROVIDENCE, RI 02908 USA
TREASURER	RICHARD A. FRITZ	10 CHARLES STREET PROVIDENCE, RI 02904-1143 USA
DIRECTOR	EDWARD O. HANDY III	23 BROAD STREET WESTERLY, RI 02891 USA
DIRECTOR	CYNTHIA REED	205 GOVERNOR STREET PROVIDENCE, RI 02906 USA
DIRECTOR	VANESSA TOLEDO-VICKERS	330A CHURCH STREET WOOD RIVER JUNCTION, RI 02894 USA
DIRECTOR	WILLIAM G. FOULKES	2 COLLEGE STREET PROVIDENCE, RI 02903 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>
CWP		\$100,000.0000	30.00	30

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 11 Day of February, 2016 at 12:59:55 PM. 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 MELISSA GENNARI
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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