



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

Foreign Non-Profit  
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: 2016

1. Corporate ID No. 001327201

2. Name of Corporation Medicaid/SCHIP Dental Association

3. State of Incorporation

State: CA

4. Corporate Address in Rhode Island

No. and Street: 23 BENEFIT STREET

UNIT 21

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 2 GROVE STREET

City or Town: SANDWICH

State: MA

Zip: 02563

Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROVIDE EDUCATION AND TRAINING TO DENTISTS IN RI

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LEON BRAGG DDS	5609 N. EVEREST AVE. OKLAHOMA CITY, OK 73111 USA
VICE PRESIDENT	JAMES GILLCRIST DDS	310 GREAT CIRCLE ROAD NASHVILLE, TN 37243 USA
SECRETARY/TREASURER	BRAD WHISTLER DDS	4501 BUSINESS PARK BLVD ANKORAGE, AK 99503 USA
EXECUTIVE DIRECTOR	MARY FOLEY	2 GROVE STREET

		SANDWICH, MA 02563 USA
DIRECTOR	JODI HULM	600 EST BOULEVARD AVE. BISMARCK, ND 58505 USA
DIRECTOR	LINDA ALTENHODD DDS	11101 METRIC BLVD. AUSTIN, TX 78758 USA
DIRECTOR	SCOTT CASHION DDS	402 TURNSTONE TRAIL GREENSBORO, NC 27455 USA
DIRECTOR	BILL KOHN DDS	1515 W. 22ND STREET OAK BROOK, IL 60523 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**

MARTHA DELLAPENNA 23 BENEFIT STREET, #21 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 17 Day of May, 2016 at 3:07:47 PM 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 MARY E. FOLEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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