



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: 2016

1. Corporate ID No. 000029992

2. Name of Corporation RHODE ISLAND DENTAL HYGIENISTS ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 41018

City or Town: PROVIDENCE State: RI Zip: 02940 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

PROMOTING TOTAL HEALTH THROUGH QUALITY ORAL HEALTH CARE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	KATHLEEN MACLEOD	925 RESERVOIR AVE CRANSTON, RI 02910 USA
SECRETARY	SARAH GUTHRIE	31 MAPLEWOOD DR COVENTRY, RI 02816 USA
PRESIDENT	TINA WHARTON	250 BLACKSTONE ST

		BLACKSTONE, MA 01504 USA
DIRECTOR	JESSICA MENDES	13 LINDA WAY BELLINGHAM, MA 02019 USA
DIRECTOR	KARLA VAN DALE	64 BLISSDALE AVENUE CUMBERLAND, RI 02864 USA
IMMEDIATE PAST PRESIDENT	GWEN DOMINICK	107 ALFRED DROWNDR. BARRINGTON, RI 02806 USA
DIRECTOR	MARYELLEN SIMAS	50 KICKEMUIT AVENUE BRISTOL, RI 02809 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**

MARIE JONES-BRIDGES 25 COLONIAL DRIVE LINCOLN , RI 02865

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of June, 2016 at 1:29:28 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 KATHLEEN M. MACLEOD
Signature of Authorized Person

Form No. 631
Revised 09/07