



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.** 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	BRYAN F BEAGAN	875 CENTERVILLE ROAD WARWICK, RI 02886 USA
SECRETARY	MARTIN ELSON	875 CENTERVILLE ROAD

		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 7 Day of June, 2016 at 3:19:18 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 LISA K WOOD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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