



**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

**Foreign 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:** 2017

**1. Corporate ID No.** 000506356

**2. Name of Corporation** Scion Dental, Inc.

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

No. and Street: N92W14612 ANTHONY AVENUE  
City or Town: MENOMONEE FALLS

State: WI Zip: 53051 Country: USA

**4. Business Phone No.**

262-946-4400

**5. State of Incorporation**

State: DE

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  524292

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

THE DELIVERY OF THIRD PARTY ADMINISTRATOR DENTAL SERVICES AND BENEFITS AND ALL ACTIVITIES RELATED THERETO.

**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	JOHN C SCHAAK	W140N8981 LILLY ROAD MENOMONEE FALLS, WI 53051 USA

CEO	GREGORY J BORCA	10201 N. PORT WASHINGTON ROAD MEQUON, WI 53092 USA
CFO	LISA A SWEENEY	10201 N. PORT WASHINGTON ROAD MEQUON, WI 53092 USA
COB	CRAIG R KASTEN	10201 N PORT WASHINGTON ROAD MEQUON, WI 53092 USA
CIO	DARRIN P HAEHLE	10201 N PORT WASHINGTON ROAD MEQUON, WI 53092 USA
VP OF OPERATIONS	GAIL J BUENGER	N92W14612 ANTHONY AVENUE MENOMONEE FALLS, WI 53051 USA
DIRECTOR	RONALD A BRUMMEYER	10822 E TROON NORTH DRIVE SCOTTSDALE, AZ 85262 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		\$1.0000	50.00	50000

**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 24 Day of February, 2017 at 10:12:06 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 LISA A SWEENEY  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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