State of Rhode Island and Providence Plantations
Department of State - Business Services Division

R.I. DEPARTMENT OF STATE
BUSINESS SERVICES DIV
2017 MAY 25 PM 2:21

Annual Report for the year: 2017
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation			
001664408	THE INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS			
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island			
DC	EDUCATION AND RESEARCH			
5. Principal Office Address		City	State	Zip
55 LANE ROAD, SUITE 305		FAIRFIELD	NJ	07006

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Dr. Michael Pikos			Vice-President Name		
Street Address 2711 Tampa Road			Street Address		
City Palm Harbor	State FL	Zip 34684	City	State	Zip
Secretary Name Betty Lukacs			Treasurer Name DR. RENE HORVILLEUR		
Street Address 147-05 Sanford Ave			Street Address 420 LEXINGTON AVENUE		
City Flushing	State NY	Zip 11355	City NEW YORK	State NY	Zip 10170

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name Dr. Kenneth Judy			Director Name Dr. Avi Schetritt		
Street Address 268 Mooney Hill Road			Street Address 2050 NE 214 Terrace		
City Patterson	State NY	Zip 12563	City Miami	State FL	Zip 33179
Director Name Betty Lukac			Director Name		
Street Address 147-05 Sanford Ave			Street Address		
City Flushing	State NY	Zip 11355	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Name of Officer/Authorized Representative	Date
Betty Lukacs	May 23, 2017

Signature of Officer/Authorized Representative: Betty Lukacs

FILED
MAY 25 2017
BY CN 304519

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016