



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

R.I. DEPARTMENT OF STATE  
BUSINESS DIV

2017 MAY 25 PM 2:21

|  |                 |  |  |                             |                     |
|--|-----------------|--|--|-----------------------------|---------------------|
| 1. Entity ID Number<br><b>001664408</b>  |                 | 2. Exact name of the Corporation<br><b>THE INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGISTS</b>                |  |                             |                     |
| 3. State of Incorporation<br><b>DC</b>   |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>EDUCATION AND RESEARCH</b> |  |                             |                     |
| 5. Principal Office Address<br><b>55 LANE ROAD, SUITE 305</b>  |                 | City<br><b>FAIRFIELD</b>   |  | State<br><b>NJ</b>          | Zip<br><b>07006</b> |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |  |                             |                     |
| President Name <b>Dr. Michael Pikos</b>  |                 |  | Vice-President Name                        |                             |                     |
| Street Address <b>2711 Tampa Road</b>  |                 |  | Street Address                             |                             |                     |
| City <b>Palm Harbor</b>  | State <b>FL</b> | Zip <b>34684</b>   | City                                       | State                       | Zip                 |
| Secretary Name <b>Betty Lukacs</b>   |                 |  | Treasurer Name <b>DR. RENE HORVILLEUR</b>  |                             |                     |
| Street Address <b>147-05 Sanford Ave</b>   |                 |  | Street Address <b>420 LEXINGTON AVENUE</b> |                             |                     |
| City <b>Flushing</b>   | State <b>NY</b> | Zip <b>11355</b>   | City <b>NEW YORK</b>                       | State <b>NY</b>             | Zip <b>10170</b>    |
| 7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |  |                             |                     |
| Director Name <b>Dr. Kenneth Judy</b>  |                 |  | Director Name <b>Dr. Avi Schetritt</b>     |                             |                     |
| Street Address <b>268 Mooney Hill Road</b>   |                 |  | Street Address <b>2050 NE 214 Terrace</b>  |                             |                     |
| City <b>Patterson</b>  | State <b>NY</b> | Zip <b>12563</b>   | City <b>Miami</b>                          | State <b>FL</b>             | Zip <b>33179</b>    |
| Director Name <b>Betty Lukac</b>   |                 |  | Director Name                              |                             |                     |
| Street Address <b>147-05 Sanford Ave</b>   |                 |  | Street Address                             |                             |                     |
| City <b>Flushing</b>   | State <b>NY</b> | Zip <b>11355</b>   | 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.  |                 |  |  |                             |                     |
| <b>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.</b>        |                 |  |  |                             |                     |
| <b>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</b>   |                 |  |  |                             |                     |
| Name of Officer/Authorized Representative<br><b>Betty Lukacs</b>   |                 |  |  | Date<br><b>May 23, 2017</b> |                     |
| Signature of Officer/Authorized Representative   |                 |  |  |                             |                     |

FILED

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## MAIL TO:

Division of Business Services

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FORM 631 - Revised: 05/2016