



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

Annual Report for the year:

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 001661342		2. Exact name of the Corporation Rhode Island Dental Assistants Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide continuing education requirements for current members by offering lectures, demonstrations, seminars To support CCAI Foundation.			
4. NAICS Code 813920					
6. Principal Office Address 29 Cherry Street		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pamela Coletti		Vice-President Name Tara Swift			
Street Address 100 Elena St Apt 216		Street Address 23 Spring Green Rd.			
City Cranston	State RI	Zip 02920	City Lincoln	State RI	Zip 02865
Secretary Name Jillian Fox		Treasurer Name Gloria Fleurant			
Street Address 40 Hayes Street		Street Address 29 Cherry Street			
City Cranston	State RI	Zip 02920	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Virginia Cairns		Director Name Lucille Green			
Street Address 8 Coit Ave		Street Address 1835 Stony Acre Drive			
City Bristol	State RI	Zip 02809	City Cranston	State RI	Zip 02920
Director Name Michelle Vincent		Director Name			
Street Address 294 Harris Rd.		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
9. 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 Gloria Fleurant, CDA				Date 06/11/2018	
Signature of Officer/Authorized Representative Gloria Fleurant, CDA				SIGN DOCUMENT HERE	

FILED 02

JUN 12 2018

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