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: 2019

1. Corporate ID No. 000129244

2. Name of Corporation Dental Benefit Providers, Inc.

3. Street Address Principal Business Office:

No. and Street: LIBERTY 6, SUITE 200
6220 OLD DOBBIN LANE
City or Town: COLUMBIA State: MD Zip: 21045 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

524292

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

DENTAL THIRD PARTY ADMINISTRATOR

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	KENNETH MARK SHELDON	2000 WEST LOOP S STE 900 HOUSTON, TX 77027 USA

TREASURER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	GAVIN GUY GALIMI	6701 CENTER DRIVE WEST SUITE 790 LOS ANGELES, CA 90045 USA
DIRECTOR	DAVID IGNATIUS BAILEY	LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA, MD 21045 USA
DIRECTOR	ANDREW JOSEPH FABULA	6220 OLD DOBBIN LANE LIBERTY 6, SUITE 200 COLUMBIA, MD 21045 USA
DIRECTOR	KENNETH MARK SHELDON	2000 WEST LOOP S STE 900 HOUSTON, TX 77027 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.0100	100,000.00	100000

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 23 Day of January, 2019 at 1:26:55 PM. *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 KELLY LETTMANN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07