



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

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SOS-P

Non-Profit Corporation Annual Report for the year: 2018

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
63828		ACADEMY OF GENERAL DENTISTRY - R.I. CHAPTER	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RHODE ISLAND		Advance the profession of general denistry in RI & any other reasonable purpose	
5. Principal Office Address		City	State
2000 Chapel View Blvd, Suite 370		Cranston	RI
			Zip 02920
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name H. Michael Sefranek, DMD MAGD		Vice-President Name Steven A. Fazzini, DMD, MAGD	
Street Address 338 County Road, Suite B		Street Address 2000 Chapel View Blvd, Suite 370	
City Barrington	State RI	City Cranston	State RI
	Zip 02806		Zip 02920
Secretary Name		Treasurer Name Mary Karish-Dodge, DMD	
Street Address		Street Address 1438 Park Avenue	
City	State	City Woonsocket	State RI
	Zip		Zip 02895
7. 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 Steven A. Fazzini, DMD, MAGD		Director Name H. Michael Sefranek, DMD MAGD	
Street Address 2000 Chapel View Blvd, Suite 370		Street Address 338 County Road, Suite B	
City Cranston	State RI	City Barrington	State RI
	Zip 02920		Zip 02806
Director Name		Director Name Mary Karish-Dodge, DMD	
Street Address		Street Address 1438 Park Avenue	
City	State	City Woonsocket	State RI
	Zip		Zip 02895
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	
Steven A. Fazzini, DMD, MAGD		2/25/18	
Signature of Officer/Authorized Representative		FILED	
<i>Steven A. Fazzini, DMD, MAGD</i>		MAR 08 2019	
		BY 703 QS	