



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000950705

**2. Name of Corporation** Rhode Island Association of Oral and Maxillofacial Surgeons

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813920

**4. Corporate Address in Rhode Island**

No. and Street: 875 CENTERVILLE ROAD, #12

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO CONTRIBUTE TO THE PUBLIC HEALTH AND WELFARE BY ADVANCEMENT OF THE  
SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY BY FOSTERING PROGRAMS OF  
EDUCATION AND PROMOTING HARMONIOUS RELATIONS AMONG AND BETWEEN  
THE DENTAL AND MEDICAL PROFESSIONS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK PALETTA MD DMD FAC	243 JEFFERSON BOULEVARD WARWICK, RI 02888 USA
TREASURER	FREDERICK HARTMAN DMD	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
SECRETARY	E. JOSEPH DOMINGO	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
VICE PRESIDENT	MO BANKI	243 JEFFERSON BOULEVARD WARWICK, RI 02888 USA
DIRECTOR	FREDERICK A HARTMAN DMD	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
DIRECTOR	FRANK PALETTA MD DMD FAC	243 JEFFERSON BOULEVARD WARWICK, RI 02888 USA
DIRECTOR	MO BANKI	243 JEFFERSON BOULEVARD WARWICK, RI 02888 USA
DIRECTOR	E. JOSEPH DOMINGO	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHRISTY B. DURANT, ESQ. 400 SMITH STREET PROVIDENCE , RI 02908

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

**Signed this 27 Day of June, 2019 at 10:31:52 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CHRISTY B. DURANT  
Signature of Authorized Person

Form No. 631  
Revised 09/07