



**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:** 2020

**1. Corporate ID No.** 000638785

**2. Name of Corporation** Dental Lifeline Network-Rhode Island

**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   
813319

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 175  
City or Town: WEST WARWICK State: RI Zip: 02893 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**

PROVIDING ACCESS TO DENTAL CARE TO VULNERABLE INDIVIDUALS WHO ARE DISABLED, ELDERLY OR MEDICALLY AT RISK

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MARTIN C NAGER DMD	67 JEFFERSON BLVD. WARWICK, RI 02888 USA
CFO	KAREN A HOLSTEIN	1800 15TH STREET SUITE 100 DENVER, CO 80202 USA
SECRETARY/TREASURER	PAUL F CALITRI DDS	34 NOOSENECK HILL RD COVENTRY, RI 02816 USA
VICE PRESIDENT	ANDREW J. MOLAK DMD	3 SPINDRIFT WAY BARRINGTON, RI 02806 USA
DIRECTOR	BRIAN P HOGAN DMD	65 W MAIN RD MIDDLETOWN, RI 02842 USA
DIRECTOR	A. THOMAS CORREIA DDS	2441 PAWTUCKET AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	STEVEN A BROWN DMD	1370 S COUNTY TRAIL EAST GREENWICH, RI 02818 USA
DIRECTOR	JENNIFER A TORBETT DMD	33 CRESTVIEW DR WESTERLY, RI 02891 USA
DIRECTOR	JOHN KUSNAROWIS	400 RESEARCH DR. #110 WILMINGTON, MA 01887 USA
DIRECTOR	CRAIG A VAN DONGEN DDS	372 IVES ST PROVIDENCE, RI 02906 USA
DIRECTOR	LISA WOOD	10 AZALEA RD EXETER, RI 02888 USA
DIRECTOR	M CHRISTINE BENOIT DMD	4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
DIRECTOR	NICK BARONE DDS	1804 MINERAL SPRING AVE. 1804 MINERAL SPRING AVE., RI 02904 USA
DIRECTOR	ROBERT BARTO DDS	38C EAGLE RUN EAST GREENWICH, RI 02818 USA
DIRECTOR	JOHN E GAGE	50 HARTFORD PLACE WARWICK, RI 02888 USA
DIRECTOR	RYAN NAPOLITANO	37 THURBER BLVD SMITHFIELD, RI 02917 USA
DIRECTOR	CHRIS KLIMECKO	875 CENTERVILLE ROAD BLDG 4 UNIT 12 WARWICK, RI 02896 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**

PATRICK QUINLAN 875 CENTERVILLE COMMONS, BUILDING 4, #12 WARWICK , RI 02886

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

**Signed this 13 Day of May, 2020 at 4:46:26 PM 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 KAREN A HOLSTEIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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