



**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.** 000029985

**2. Name of Corporation** Rhode Island Dental Association

**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   
813910

**4. Corporate Address in Rhode Island**

No. and Street: 875 CENTERVILLE ROAD  
BUILDING 4, SUITE 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 PROMOTE THE ART AND SCIENCE OF DENTISTRY AND TO FAVOR THE HEALTH AND WELFARE OF OUR PATIENTS.

**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**Incorporator is no longer applicable; please delete**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	KARYN WARD	132 OLD RIVER RD STE 204 LINCOLN, RI 02865 US
TREASURER	JOHN KIANG	27 GALAXY PASS BLDG B SUTTON, MA 01590 US
SECRETARY	FRED HARTMAN	600 WAMPANOAG TRL RIVERSIDE, RI 02915 US
VICE PRESIDENT	GREGORY STEPKA	501 GREAT RD STE 207 NORTH SMITHFIELD, RI 02896 US
DIRECTOR	CHRISTY DURANT	875 CENTERVILLE RD. BLDG. 4, STE. 12 WARWICK, RI 02886 US
DIRECTOR	MARTIN ELSON	1265 RESERVOIR AVE CRANSTON, RI 02920 US
DIRECTOR	STEVE BROWN	1370 SOUTH COUNTY TRL EAST GREENWICH, RI 02818 US

**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**

CHRIS R. KLIMECKO 875 CENTERVILLE ROAD BUILDING 4, SUITE 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 24 Day of June, 2020 at 2:56:11 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 CHRISTY DURANT  
Signature of Authorized Person

Form No. 631  
Revised 09/07