



**State of Rhode Island
Office of the Secretary of State**

No Fee

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

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000038714

2. Name of Corporation DENTAL MAINTENANCE SERVICES, INC.

3. Street Address Principal Business Office:

No. and Street: 1429 WARWICK AVENUE
City or Town: WARWICK

State: RI Zip: 02889 Country: USA

4. Business Phone No.

4012636004

5. State of Incorporation

State: RI

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

ADMINISTRATION OF DENTAL PLANS AND VOLUNTARY INSURANCE PLANS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LINDA KINNEY	56 BLACKSTONE AVENUE WARWICK, RI 02889 USA
TREASURER	LINDA S. KINNEY MS	56 BLACKSTONE AVE WARWICK, RI 02889 KEN

OTHER OFFICER	LINDA S KINNEY	56 BLACKSTONE AVENUE ,
DIRECTOR	LINDA SHERYL KINNEY	56 BLACKSTONE AVENUE WARWICK, RI 02889 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	200

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 9 Day of September, 2020 at 10:16:34 AM. *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 LINDA S KINNEY, PRESIDENT
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 09, 2020 10:15 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

