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**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

JUL 21 2021

BY *[Signature]*

Non-Profit Corporation Annual Report for the year: 2021

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 63828		2. Exact name of the Corporation ACADEMY OF GENERAL DENTISTRY - R.I. CHAPTER	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Advance the profession of general dentistry in RI & any other reasonable purpose	
5. Principal Office Address 600 Wampanoag Trail, Suite A		City Riverside	State RI
		Zip 02915	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sarah Eager, DDS, FAGD		Vice-President Name Steven A. Fazzini, DMD, MAGD	
Street Address 600 Wampanoag Trail, Suite A		Street Address 2000 Chapel View Blvd, Suite 370	
City Riverside	State RI	City Cranston	State RI
Zip 02915		Zip 02920	
Secretary Name Mark Small DMD		Treasurer Name Lena Karkalas	
Street Address 1090 New London Avenue #2		Street Address 151 Waterman Street	
City Cranston	State RI	City Providence	State RI
Zip 02920		Zip 02906	
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 Lena Karkalas	
Street Address 2000 Chapel View Blvd, Suite 370		Street Address 151 Waterman Street	
City Cranston	State RI	City Providence	State RI
Zip 02920		Zip 02906	
Director Name Mark Small DMD		Director Name Sarah Eager, DDS, FAGD	
Street Address 1090 New London Avenue #2		Street Address 600 Wampanoag Trail, Suite A	
City Cranston	State RI	City Riverside	State RI
Zip 02920		Zip 02915	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<i>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.</i>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Steven A. Fazzini, DMD, MAGD		Date 8/29/21	
Signature of Officer/Authorized Representative <i>[Signature]</i>			