



**State of Rhode Island  
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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 000061789

**2. Name of Corporation** Rhode Island Academy of Pediatric Dentistry

**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

**4. Principal Office Address**

No. and Street: 1090 NEW LONDON AVENUE

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

EDUCATION

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CRAIG ELICE	1090 NEW LONDON AVENUE CRANSTON, RI 02920 USA
VICE PRESIDENT	BRIAN SHANNON	130 GRANITE ST

		WESTERLY, RI 02891 USA
OTHER OFFICER	CRAIG ELICE	
DIRECTOR	WILLIAM CHAN	2359 MENDON RD CUMBERLAND, RI 02864 USA
DIRECTOR	CRAIG E ELICE	1090 NEWLONDON AVENUE CRANSTON, RI 02920 USA
DIRECTOR	STEVEN LASSER	1090 NEW LONDON AVENUE CRANSTON, RI 02920 USA

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

CRAIG E. ELICE, DDS, MS 1090 NEW LONDON AVENUE CRANSTON , RI 02920

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

**Signed this 11 Day of July, 2022 at 7:47:40 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 CRAIG E. ELICE, DDS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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