



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

**Fee: \$50.00**

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

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001713682

**2. Name of Corporation** NATIONAL ASSOCIATION FOR MEDICAL AND DENTAL, INC.

**3. Street Address Principal Business Office:**

No. and Street: 5396 SCHOOL ROAD

City or Town: NEW PORT RICHEY

State: FL

Zip: 34652

Country: USA

**4. Business Phone No.**

8003967683

**5. State of Incorporation**

State: FL

**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.

813410

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO IMPROVE THE GENERAL WELL BEING AND WELFARE OF ITS MEMBERS  
OVERALL HEALTH  
AND WELLNESS

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

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TOMMIE LANE	5396 SCHOOL ROAD NEW PORT RICHEY, FL 34652 USA
TREASURER	CHRISTINE LANE,	5396 SCHOOL ROAD NEW PORT RICH, FL 34652 USA
SECRETARY	SHERRI PAULES	5396 SCHOOL ROAD NEW PORT RICHEY, FL 34652 USA
VICE PRESIDENT	SHERRI PAULES	5396 SCHOOL ROAD NEW PORT RICHEY, FL 34652 USA
DIRECTOR	SHERRI PAULES	5396 SCHOOL ROAD NEW PORT RICHEY, FL 34652 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>
CWP		\$0.1000	100.00	1

**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 14 Day of April, 2023 at 1:46:35 PM.** *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 TOMMIE LANE

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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