

**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 - ENTER THE CURRENT YEAR 2024: 2024**1. Corporate ID No.** 001684471**2. Name of Corporation** New Smiles for Veterans, New England Region Foundation, Inc.**3. State of Incorporation**State: RI**NAICS CODE**

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

999999**4. Principal Office Address**No. and Street: 1364 SMITH STCity or Town: NORTH PROVIDENCEState: RIZip: 02911Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE PURPOSE OF THE CORPORATION IS TO PROVIDE UNITED STATES ARMED FORCES SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES WITH DENTAL CARE, WHICH IS NOT ALREADY PROVIDED BY THE U.S. DEPARTMENT OF VETERANS AFFAIRS; TO RAISE FUNDS TO SUPPORT SUCH PURPOSE; AND FOR ALL PURPOSES INCIDENTAL THERETO OR IN FURTHERANCE THEREOF

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
DIRECTOR	NANCY BOSSI	69 ROUND POND ROAD FREEDOM, NH 03836 USA
DIRECTOR	JASON CONFORTI	26 ROLLINGWOOD DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	DENNIS MATTHEWS	PO BOX 22 MAYFIELD, UT 84643 USA
DIRECTOR	JOHN STRATTON	2073 YEARLING WAY THE VILLAGES, FL 32159 USA
DIRECTOR	KEN KEEGLER	60 MAYFLOWER DRIVE SEEKONK, MA 02661 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

SEAN GREENFIELD, CPA 1364 SMITH ST NORTH PROVIDENCE , RI 02911

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

Signed this 29 Day of January, 2024 at 10:33:36 AM 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 KENNETH KEEGLER
Signature of Authorized Person

Form No. 631
Revised 09/07