



**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.** 001760727

**2. Name of Corporation** RHODE ISLAND ORAL HEALTH COALITION

**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

813212

**4. Principal Office Address**

No. and Street: 235 PROMINADE STREET RM455

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

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

TO PROMOTE ACCESSIBLE, EQUITABLE, COMPREHENSIVE, AND CULTURALLY  
COMPETENT  
ORAL HEALTH CARE THROUGH ADVOCACY AND EDUCATION TO ENSURE ALL  
RHODE ISLANDERS  
HAVE THE OPPORTUNITY TO ACHIEVE LIFE-LONG OPTIMUM ORAL HEALTH.

**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	JULIE GALLESHAW	60 JANE STREET NORTH PROVIDENCE, RI 02904 USA
TREASURER	LIBBY SWAN	201AGRAVELLY HILL RD WAKEFIELD, RI 02879 USA
SECRETARY	SUSAN PERLINI	235 PROMENADE ST RM455 PROVIDENCE, RI USA PROVIDENCE, RI 02908 USA
DIRECTOR	CARLEEN SIGNORE	62 CUMBERLAND STREET PRO, RI 02908 USA
DIRECTOR	MELISSA CAMPBELL	235 PROMENADE STREET PROVIDENCE , RI 02908 USA
DIRECTOR	ANN CADORET	294 DOUGLAS PIKE SMITHFIELD , RI 02917 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

ANN E CADORET 235 PROMENADE ST RM 455 PROVIDENCE , RI 02908

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

Signed this 15 Day of February, 2024 at 11:20:03 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 LIBBY SWAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07