

DocuSign Envelope ID: 9C987FD8-C78F-4CCF-A478-7305C26F465F



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

REC'D RIDOS BSD
MAR 11 PM 12:20:08

1. Entity ID Number 000530450		2. Exact name of the Limited Liability Company Dental Network of America, LLC	
3. NAICS Code 524291		4. Brief description of the character of business conducted in Rhode Island DENTAL NETWORK AND TPA	
5. State of Formation Delaware			
6. Principal Office Address 701 E. 22nd Street Suite 300		City Lombard	State IL
		Zip 60148	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name John Roche		Contact Title Advanced Contract Specialist	
Street Address 701 E. 22nd Street Suite 300		City Lombard	State IL
		Zip 60148	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. <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>			
Name of Authorized Person Michael Witwer		Date 3/9/2024	
Signature of Authorized Person <i>Mike Witwer</i> 447A345E2C3438			

FILED 12:21

MAR 11 2024
BY 7ZTJ3
ks

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov