

State of Rhode Island

Department of State - Business Services Division

STALP

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.

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

FILED 12-21

MAR 11 2024

MAIL TO:

Division of Business Services

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