



**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 2025: 2025**

**1. Corporate ID No.** 000029992

**2. Name of Corporation** RHODE ISLAND DENTAL HYGIENISTS ASSOCIATION

**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  
813920

**4. Principal Office Address**

No. and Street: PO BOX 41018  
City or Town: PROVIDENCE State: RI Zip: 02940 Country: USA

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

PROMOTING TOTAL HEALTH THROUGH QUALITY ORAL HEALTH CARE

**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
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PRESIDENT	ASHLEY SOARES	150 EVERLETH AVE WARWICK, RI 02888 USA
TREASURER	LEAH MARICLE	52 HOLMAN ST UNIT 1 ATTLEBORO, MA 02703 USA
SECRETARY	TAYLOR GUILMETTE	63 WIGHTMAN ST WEST WARWICK , RI 02893 USA
TRUSTEE	KARLA VANDALE	64 BLISSDALE CUMBERLAND, RI 02864 USA
TRUSTEE	SARAH GILKENSOSN	45 GREEN RIVER AVE WARWICK , RI 02889 USA
VICE PRESIDENT	CHANTEL JANEIRO	52 IVY STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	LILLIAN FLORES	132 MORSE AVE WARWICK , RI 02886 USA
DIRECTOR	KATHLEEN MACLEOD	925 RESERVOIR AVE CRANSTON, RI 02910 USA
DIRECTOR	KATHLEEN STACK	28 ROYAL AVE PROVIDENCE, RI 02904 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**

KATHLEEN M. MACLEOD 925 RESERVOIR AVENUE CRANSTON , RI 02910

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

**Signed this 14 Day of February, 2025 at 5:59:28 PM 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 LEAH MARICLE  
Signature of Authorized Person

Form No. 631  
Revised 09/07