



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

FILED

MAR 18 2025

BY 43569 *~*

1. Entity ID Number 113759		2. Exact name of the Corporation Altus Dental Insurance Company, Inc.												
3. Principal Office Address 10 Charles Street		City Providence,		State RI	Zip 02904									
4. NAICS Code 524114	6. Brief description of the character of business conducted in Rhode Island To transact any one or more of the following kinds of insurance: health, accident or sickness													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Joseph R. Perroni			Vice-President Name n/a											
Street Address 10 Charles Street			Street Address											
City Providence	State RI	Zip 02904	City	State	Zip									
Secretary Name William R. Landry, Esq.			Treasurer Name Richard A. Fritz											
Street Address 30 Exchange Terrace			Street Address 10 Charles Street											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02904									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
Director Name Thomas P. Enight, DMD			Director Name Diana Franchitto											
Street Address 1052 Main Street			Street Address 1085 North Main Street											
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02904									
Director Name Christine Gadbois			Director Name Jonathan W. Hall											
Street Address 400 Massasoit Ave.; Suite 113			Street Address 3 Reverie Lane											
City East Providence	State RI	Zip 02914	City Lincoln	State RI	Zip 02865									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>30</td><td>CWP</td><td>\$100,000</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	30	CWP	\$100,000			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
30	CWP	\$100,000												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative William R. Landry					Date 3/6/25									
Signature of Authorized Representative 														

Attachment to 2025 Annual Report

7. Officers (cont.)

Assistant Secretary Melissa Gennari
10 Charles Street
Providence, RI 02903

Assistant Treasurer Duane Easter
10 Charles Street
Providence, RI 02903

8. Director (cont.)

Peter C. Hayes
146 Westminster Street
Providence, RI 02903

Junior Jabbie
582 Great Road, Suite 101
North Smithfield, RI 02896

Colin P. Kane
20 Newman Ave., - Ste 1005
Rumford, RI 02916

Marc A. Paulhus
One Citizens Plaza, 12th Fl
Providence, RI 02904

Michael F. Sabitoni
410 South Main Street
Providence, RI 02903

Heather A. Provino
461 Main Street – Suite A
East Greenwich, RI 02818

Edwin J. Santos
825 Chalkstone Avenue
Providence, RI 02908

James V. Rosati
One Beacon Centre
Warwick, RI 02886

Mark A. Shaw
40 Van Wickle Lane
Bristol, RI 02809

Steven Issa
40 Westminster Street
Providence, RI 02903

Elizabeth L. Catucci
6 Blackstone Valley Place
Lincoln, RI 02865