



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. 000638785

2. Name of Corporation Dental Lifeline Network-Rhode Island

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
813319

4. Principal Office Address

No. and Street: PO BOX 175

City or Town: WEST WARWICK State: RI Zip: 02893 Country: USA

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

PROVIDING ACCESS TO DENTAL CARE TO VULNERABLE INDIVIDUALS WHO ARE DISABLED ELDERLY OR MEDICALLY AT RISK

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 | Address |
|-------|-----------------|---------|
|-------|-----------------|---------|

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|----------------------|-----------------------------|--|
| PRESIDENT | MARTIN C NAGER DMD | 67 JEFFERSON BLVD. WARWICK, RI 02888 USA |
| SECRETARY/ TREASURER | JENNIFER ANN TORBETT DMD | 41 EAST AVE WESTERLY, RI 02891 USA |
| VICE PRESIDENT | CRAIG VAN DONGEN DDS | 371 PROVIDENCE, RI 02906 USA |
| DIRECTOR | BOB BAR DMD | 38C EAGLE RUN EAST GREENWICH, RI 02818 USA |
| DIRECTOR | CHARLOTTE BIGG DDS | 145 PHILLIPS ST WICKFORD, RI 02852 USA |
| DIRECTOR | STEVEN BROWN DMD | 1370 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818 USA |
| DIRECTOR | PAUL CALITRI DMD | 34 NOONECK HILL RD #1 COVENTRY, RI 02817 USA |
| DIRECTOR | AARON GUCKIAN | 875 CENTERVILLE RD BLDG 4, STE 12 WARWICK, RI 02866 USA |
| DIRECTOR | ANDREW MOLAK DMD | 659 FALL RIVER AVE SEEKONK , MA 02771 USA |
| DIRECTOR | MARY MCCABE DDS | 123BALCH ST PAWTUCKET, RI 02861 USA |
| DIRECTOR | JASON CON DMD | 189 WATERMAN ST PROVIDENCE, RI 02906 USA |
| DIRECTOR | A. THOMAS CORREIA DDS | 419 POPPASQUASH RD BRISTOL, RI 02809 USA |
| DIRECTOR | KERRI FRIEL RDH | 113 MERRY MOUNT DR WARWICK, RI 02888 USA |
| DIRECTOR | JOHN GAGE | 57 KILVERT ST STE 200 WARWICK, RI 02886 USA |
| DIRECTOR | RACHAEL GILARDETTI DDS | 310 MAPLE AVE #107 BARRINGTON, RI 02806 USA |
| DIRECTOR | RYAN NAPLITANO | 37 THURBER BLVD SMITHFIELD, RI 02917 USA |
| DIRECTOR | LISA WOOD | 10 AZALEA RD EXETER, RI 02822 USA |
| DIRECTOR | M CHRISTINE BENOIT DMD | 4995 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 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**

JENNIFER A. TORBETT, DMD 41 EAST AVENUE WESTERLY , RI 02891

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

Signed this 2 Day of July, 2025 at 12:17:42 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 JENNIFER TORBETT DMD
Signature of Authorized Person

Form No. 631
Revised 09/07

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