



**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. 000950705

2. Name of Corporation Rhode Island Association of Oral and Maxillofacial Surgeons

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: C/O FREDERICK HARTMAN
2176 MENDON RD, SUITE 1000

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

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

TO CONTRIBUTE TO THE PUBLIC HEALTH AND WELFARE BY ADVANCEMENT OF
THE SPECIALTY OF ORAL AND MAXILLOFACIAL SURGERY BY FOSTERING
PROGRAMS OF EDUCATION AND PROMOTING HARMONIOUS RELATIONS
AMONG AND BETWEEN THE DENTAL AND MEDICAL PROFESSIONS.

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
PRESIDENT	FRANK PALETTA MD DMD FAC	243 JEFFERSON BOULEVARD WARWICK, RI 02888 USA
TREASURER	FREDERICK HARTMAN DMD	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
SECRETARY	E. JOSEPH DOMINGO	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
VICE PRESIDENT	MO BANKI	243 JEFFERSON BOULEVARD WARWICK, RI 02888 USA
DIRECTOR	FREDERICK A HARTMANDMD	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
DIRECTOR	E. JOSEPH DOMINGO	600 WAMPANOAG TRAIL EAST PROVIDENCE, RI 02915 USA
DIRECTOR	MO BANKI	243 JEFFERSON BOULEVARD WARWICK, RI 02888 USA
DIRECTOR	FRANK PALETTA MD DMD FAC	243 JEFFERSON BOULEVARD WARWICK, RI 02888 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

CHRISTY B. DURANT, ESQ. 875 CENTERVILLE ROAD BUILDING 4, SUITE 12 WARWICK , RI 02886

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

Signed this 21 Day of July, 2025 at 12:12:18 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 FREDERICK A. HARTMAN, DMD
Signature of Authorized Person