



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

FEB 02 2023

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- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

1. Entity ID Number 26144		2. Exact name of the Corporation Delta Dental of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operation as a nonprofit dental service corporation			
4. NAICS Code 524298					
6. Principal Office Address 10 Charles Street			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" 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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Thomas P. Enright, DMD			Director Name Francis J. Flynn		
Street Address 1052 Main Street			Street Address 356 Smith Street		
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02908
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. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative William R. Landry					Date 1/23/23
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Attachment to 2023 Annual Report

7. Officers (cont.)

Assistant Secretary Melissa Gennari
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

John T. Ruggieri
7 Jackson Walkway
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