



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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
 FEB 03 2023
 BY 42203
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1. Entity ID Number 000113759		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 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) Check the box to indicate an attachment <input 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. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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 2/23/23
Signature of 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