RI SOS Filing Number: 202449446270 Date: 3/26/2024 4:00:00 PM

Department of State - Business Services D  Annual Report for the year: 2024  Corporation —————  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.				MAR 2.5 2024 BY				
000113759		ntal Insuranc		any, Inc.			<b>//</b>	
3. Principal Office Address 10 Charles Street			City Provide	ence	State RI		Zip 02904	
4. NAICS Code	6. Brief descri	ption of the charact	er of busines	s conducted in Rhoo	de Island			
524114		nsact any one or more of the following kinds of insurance: health,						
5. State of Incorporation Rhode Island	accident or sickness							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment				
President Name Joseph R. Perroni				Vice-President Name n/a				
Street Address 10 Charles Street				Street Address				
Cily Providence	State RI	<sup>Z<sub>ip</sub></sup> 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				
Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence		State	રા	<sup>Zip</sup> 02904	
B. List ALL directors (names and addresses)  Director Name			Check the box to indicate an attachment   Director Name					
Thomas P. Enr	ight, DMD		Director 142	John T. Rug	ıgieri			
Street Address 1052 Main Street				Street Address 173 Mathewson Road				
<sup>City</sup> Warren	State RI	<sup>Z<sub>1</sub>p</sup> 02885	City Barrington		State	RI	<sup>Ζιρ</sup> 02806	
Christine Gadbois			Director Name Jonathan W. Hall					
Street Address 400 Massasoit	Street Address 3 Reverie Lane							
<sup>City</sup> East Providence	State RI	<sup>7ip</sup> 02914	Cily Lincoln		State	RI	Zip 02865	
9. Shares Authorized		10. Shares Issu		Check the	ne box to ind	icate an a	ttachment [	
This information is currently of record in the Department of State. Changes require an additional filing.		30	CW				0,000	
				<u> </u>	•			
11. This report must be executed occiver or trustee, this report must					orporation is	in the han	ds of a re-	
Under penalty of perjury, I decia statements, and that all stateme	re and affirm ti	hat I have examine	ed this repor		companyin	g schedul	es and	
Name of Authorized Representative William R. Landry						Date 3/21/24		
Signature of Authorized Represen	tative		· -		. <u> </u>	1	<del>-</del>	

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 2024 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, 12<sup>th</sup> Fl Providence, RI 02904

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

James V. Rosati One Beacon Centre Warwick, RI 02886

Steven Issa 40 Westminster Street Providence, RI 02903 Michael F. Sabitoni 410 South Main Street Providence, RI 02903

Edwin J. Santos

825 Chalkstone Avenue Providence, RI 02908

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

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