



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**Non-Profit Corporation**

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

**FILED**  
**MAR 25 2024**  
 BY 43003

|   |                 |   |                        |                     |   |
|---|-----------------|---|------------------------|---------------------|---|
| 1. Entity ID Number<br><b>26144</b>   |                 | 2. Exact name of the Corporation<br><b>Delta Dental of Rhode Island</b>   |                        |                     |   |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Operation as a nonprofit dental service corporation</b> |                        |                     |   |
| 4. NAICS Code<br><b>524298</b>  |                 |   |                        |                     |   |
| 6. Principal Office Address<br><b>10 Charles Street</b>   |                 | City<br><b>Providence</b>   | State<br><b>RI</b>     | Zip<br><b>02904</b> |   |
| 7. List ALL officers (names and addresses)  |                 |   |                        |                     | Check the box to indicate an attachment <input checked="" type="checkbox"/> |
| President Name <b>Joseph R. Perroni</b>   |                 | Vice-President Name <b>n/a</b>  |                        |                     |   |
| Street Address <b>10 Charles Street</b>   |                 | Street Address  |                        |                     |   |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02904</b>  | City                   | State               | Zip   |
| Secretary Name <b>William R. Landry, Esq.</b>   |                 | Treasurer Name <b>Richard A. Fritz</b>  |                        |                     |   |
| Street Address <b>30 Exchange Terrace</b>   |                 | Street Address <b>10 Charles Street</b>   |                        |                     |   |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b> | State <b>RI</b>     | Zip <b>02904</b>  |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.  |                 |   |                        |                     | Check the box to indicate an attachment <input checked="" type="checkbox"/> |
| Director Name <b>Thomas P. Enright, DMD</b>   |                 | Director Name <b>John T. Ruggieri</b>   |                        |                     |   |
| Street Address <b>1052 Main Street</b>  |                 | Street Address <b>173 Mathewson Road</b>  |                        |                     |   |
| City <b>Warren</b>  | State <b>RI</b> | Zip <b>02885</b>  | City <b>Barrington</b> | State <b>RI</b>     | Zip <b>02806</b>  |
| Director Name <b>Christine Gadbois</b>  |                 | Director Name <b>Jonathan W. Hall</b>   |                        |                     |   |
| Street Address <b>400 Massasoit Ave.; Suite 113</b>   |                 | Street Address <b>3 Reverie Lane</b>  |                        |                     |   |
| City <b>East Providence</b>   | State <b>RI</b> | Zip <b>02914</b>  | City <b>Lincoln</b>    | State <b>RI</b>     | Zip <b>02865</b>  |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.   |                 |   |                        |                     |   |
| <b>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.</b> |                 |   |                        |                     |   |
| <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<br><b>William R. Landry</b>   |                 |   |                        |                     | Date<br><b>3/21/2024</b>  |
| Signature of Officer/Authorized Representative<br>  |                 |   |                        |                     |   |

**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

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